# The MassHealth Drug List



# MassHealth Drug List

The MassHealth Drug List ("the List") is an alphabetical list of commonly prescribed drugs and therapeutic class tables. The List specifies which drugs need prior authorization (PA) when prescribed for MassHealth members. The prior-authorization requirements specified in the List reflect the Division's policy described in the pharmacy regulations and provider bulletins, as well as the Division's and the Drug Utilization Review (DUR) Board's review of drugs within certain therapeutic classes. The List also specifies the generic over-the-counter drugs that are payable under MassHealth.

The tables provide a view of drugs within their respective therapeutic classes, along with prior-authorization requirements and clinical information about the drug. **The tables may not include all medications, dosage forms, and combination products within that therapeutic class.** The clinical information included in the tables is not intended to be comprehensive prescribing information. Prescribers and pharmacists should review the List and its applicable therapeutic class table when prescribing a drug or filling a prescription for a MassHealth member.

Any drug that does not appear on the List requires prior authorization.

#### **Updates to the List**

The updates to the List are effective immediately, unless otherwise specified. For medications that have new prior-authorization requirements, the Division's policy permits an otherwise valid prescription written before the effective date to be filled for the life of the prescription without prior authorization. Nevertheless, the Division encourages prescribers to reevaluate the medication regimens of their MassHealth patients, and consider switching their MassHealth patients to a medication regimen that does not require prior authorization or discontinuing the affected medication, if clinically appropriate, as soon as possible.

Unless there is a separate PA form that was created specifically for a drug or drug class, the Division encourages prescribers to use the Drug Prior Authorization Request form when requesting prior authorization for a medication

# 1. New Prior-Authorization Requirements for Selected Antidepressants Effective May 1, 2003

**A**. The following antidepressant drugs **DO NOT** require prior authorization (PA):

amoxapine

bupropion

fluoxetine

fluvoxamine

maprotiline

mirtazapine

monoamine oxidase (MAO) inhibitors

Remeron Sol Tab (mirtazapine, orally disintegrating tablets)

trazodone

tricyclic antidepressants

Wellbutrin SR (bupropion sustained release)

**B.** The following antidepressant drugs <u>DO</u> require prior authorization, unless criteria C. i. and/or C. ii. below have been met:

Celexa (citalopram) – PA
Effexor (venlafaxine) – PA
Lexapro (escitalopram) – PA
Luvox (fluvoxamine) – PA
Paxil (paroxetine) – PA
Prozac (fluoxetine) – PA
Prozac Weekly (fluoxetine) – PA
Remeron (mirtazapine) – PA
Sarafem (fluoxetine) – PA
Serzone (nefazodone) – PA
Zoloft (sertraline) – PA

- **C.** Antidepressant drug PA modifications for stable patients, treatment failure, and therapeutic duplication:
  - i. Stable patients

**No PA will be required** for an antidepressant prescription (and the prescriber will not be required to submit a paper PA form) if, over the last six (6) months, the patient has filled a prescription for a cumulative supply of at least one hundred (100) days of any antidepressant medication, **except** when the addition of this drug would constitute therapeutic duplication (see C. iii. below). <sup>1</sup>

ii. Treatment failure

**No PA will be required** for an antidepressant prescription (and the prescriber will not be required to submit a paper PA form) if a patient has received a consecutive forty-five (45)-day treatment with either fluoxetine or fluvoxamine within the past twelve (12) months, **except** when the addition of this drug would constitute therapeutic duplication (see C. iii. below).

**iii.** Therapeutic duplication

**PA** will be required when the patient has an overlap of 60 days or more in prescriptions for any dosage form of two (2) or more of the following drugs:

Celexa (citalopram)

Effexor (venlafaxine)

fluoxetine

fluvoxamine

Lexapro (escitalopram)

Luvox (fluvoxamine)

Paxil (paroxetine)

Prozac (fluoxetine)

Tiozac (Huoxetille)

Prozac Weekly (fluoxetine)

Sarafem (fluoxetine)

Zoloft (sertraline)

The Division encourages prescribers to use the Antidepressant Prior Authorization Request form shown on page 57 when requesting prior authorization for any of the above antidepressants.

<sup>&</sup>lt;sup>1</sup>Note: The decision on whether PA is required is based upon information available in the MassHealth pharmacy database. The MassHealth database contains member drug utilization information exclusive to MassHealth, and no other health plans.

#### 2. New Prior-Authorization Requirements for Selected Anticonvulsants

The following anticonvulsants will require prior authorization effective June 2, 2003.

```
Gabitril (tiagabine) – PA
Keppra (levetiracetam) - PA
Neurontin (gabapentin) – PA
Topamax (topiramate) – PA
```

**Please Note**: The Division does not require prior authorization for generic versions of the following anticonvulsants. Prior authorization is required for the brand, unless a particular form of that drug does not have an FDA "A" rated generic equivalent. Dilantin (phenytoin), however, will not require prior authorization.

```
carbamazepine
clonazepam
clorazepate
diazepam
ethosuximide
phenobarbital
phenytoin
primidone
valproate
valproic acid
```

In addition, the Division does not require prior authorization for the following anticonvulsants.

```
Celontin (methsuximide)
Depakote (divalproex)
Dilantin (phenytoin)
Felbatol (felbamate)
Lamictal (lamotrigine)
Peganone (ethotoin)
Trileptal (oxcarbazepine)
Zonegran (zonisamide)
```

See Table 20, p. 52 for more information about anticonvulsants.

# 3. New Prior-Authorization Requirements for Antidiabetic Medications

The following drugs will require prior authorization effective June 2, 2003.

```
Amaryl (glimepiride) – PA
DiaBeta (glyburide) – PA
Glucotrol XL (glipizide extended release) – PA
Glyset (miglitol) – PA
insulin, prefilled syringes – PA
Prandin (repaglinide) – PA
Precose (acarbose) – PA
Starlix (nateglinide) – PA
```

**Please Note:** The Division does not require prior authorization for generic versions of the following.

acetohexamide chlorpropamide glipizide glyburide metformin tolazamide tolbutamide

In addition, the Division does not require prior authorization for the following.

Actos (pioglitazone) Avandia (rosiglitazone) Glucophage XR (metformin extended release)

#### 4. New Prior-Authorization Requirements and Quantity Limitations for Asthma Medications

The following oral asthma medications will require prior-authorization effective June 2, 2003.

```
Accolate (zafirlukast) – PA > 16 years
Singulair (montelukast) – PA > 16 years
Zyflo (zileuton) – PA > 16 years
```

Prior-authorization requirements and quantity limitations for the following respiratory inhalant products will be effective June 2, 2003.

Advair (fluticasone/salmeterol) - PA > 2 inhalers/month AeroBid (flunisolide)  $-PA \ge 2$  inhalers/month AeroBid-M (flunisolide) – PA albuterol, inhaler – PA > 2 inhalers/month Alupent, inhaler (metaproterenol) - PA Atrovent, inhaler (ipratropium) - PA > 2 inhalers/month Azmacort (triamcinolone) - PA > 2 inhalers/month Beclovent (beclomethasone) - PA > 3 inhalers/month Combivent (albuterol/ipratropium) - PA > 2 inhalers/month Flovent (fluticasone) – PA > 2 inhalers/month, 2 x 28 or 2 x 60 diskus/month, 2 x 60 rotadisk/month Foradil (formoterol) - PA > 60 capsules/month Intal, inhaler (cromolyn) – PA > 2 inhalers/month Maxair (pirbuterol) – **PA** Proventil, inhaler (albuterol) – PA Pulmicort, inhaler (budesonide) – PA > 1 inhaler/month Ovar (beclomethasone) -PA > 3 inhalers/month Serevent (salmeterol) – PA > 2 inhalers/month, 2 x 60 diskus/month, 3 x 28 diskus/month Tilade (nedocromil) - PA > 2 inhalers/month Vanceril, inhaler (beclomethasone) – PA > 3 inhalers/month Ventolin, inhaler (albuterol) – PA Xopenex (levalbuterol) – PA

See Table 23, p. 55 for more information about respiratory inhalant products.

# 5. New Therapeutic Tables

```
Anticonvulsants – see Table 20, p. 52
Beta-Adrenergic Blocking Agents – see Table 21, p. 53
Calcium Channel Blocking Agents – see Table 22, p. 54
Respiratory Inhalant Products – see Table 23, p. 55
```

#### 6. Additions

The following newly marketed drugs have been added to the MassHealth Drug List.

```
Amevive (alefacept) – PA; see Table 5, p. 37
Fuzeon (enfuvirtide) – PA
Humira (adalimumab) – PA; see Table 5, p. 37
```

#### 7. New FDA "A"-Rated Generic

The following FDA "A"-rated generic drug has been added to the MassHealth Drug List. The brand name is now listed with a # symbol, to indicate that prior authorization is required for the brand.

New FDA "A"-Rated Generic Drug	Generic Equivalent of	
pergolide	Permax #	

#### 8. Change in Prior Authorization Status

Generic mirtazapine will not require prior-authorization as noted in the April 1, 2003 MassHealth Drug List update. Prior authorization is required for the brand named Remeron (mirtazapine), unless a particular form of that drug does not have an FDA "A" rated generic equivalent.

The following topical acne products no longer require prior-authorization for members > 25 years of age.

azelaic acid
Azelex
Benzaclin
Benzamycin
benzoyl peroxide \*
benzoyl peroxide/clindamycin
benzoyl peroxide/erythromycin
benzoyl peroxide/hydrocortisone
benzoyl peroxide/sulfur
Clindagel
Finevin
Sulfoxyl
Vanoxide-HC

#### 9. Update to Prior Authorization Request Form

The following prior-authorization request form has been updated to include more information and to reflect changes in prior-authorization requirements.

Antidepressant Prior Authorization Request (PA-13)

#### 10. Update to Therapeutic Tables

The following therapeutic tables have been updated:

Table 5 – Immunologic Agents-Immunomodulators

Table 8 – Narcotic Agonist Analgesics

Table 12 – Antihistamines

Table 14 – Triptans

Table 15 – Hypnotics

Table 17 – Antidepressants

#### **Prior-Authorization Status of Drugs**

Drugs may require prior authorization for a variety of reasons. The Division determines the priorauthorization status of drugs on the List on the basis of the following:

- MassHealth program requirements; and
- ongoing evaluation of the drugs' utilization, therapeutic efficacy, safety, and cost.

Drugs are evaluated first on safety and effectiveness, and second on cost. Some drugs require prior authorization because the Division and Drug Utilization Review Board have concluded that there are more cost-effective alternatives. With regard to all such drugs, the Division also has concluded that the more costly drugs have no significant clinically meaningful therapeutic advantage in terms of safety, therapeutic efficacy, or clinical outcome compared to those less-costly drugs used to treat the same condition.

Evaluation of a drug includes a thorough review by physicians and pharmacists using medical literature and consulting with specialists, other physicians, or both. References used may include Drug Topics Red Book, Approved Drug Products with Therapeutic Equivalence Evaluations (also known as the "Orange Book"), the Massachusetts List of Interchangeable Drug Products, AHFS Drug Information, Drug Facts and Comparisons, Micromedex, literature from peer-reviewed medical journals, and manufacturers' product information.

In general, MassHealth strongly advocates the use of generic drugs. However, because of prevailing federal patent and rebate regulations, new-to-market generic drugs may cost more than the brand-name equivalent. For this reason MassHealth may place a prior-authorization requirement on these generic drugs. This prior-authorization requirement typically lasts for six months, until the generic price drops.

# **List Conventions**

The List uses the following conventions:

- Brand-name products are capitalized. Generic products are in lowercase.
- Formulations of a drug (for example, salt forms, sustained release, or syrups) are not specified on the List, unless a particular formulation requires prior authorization.
- Combination products are listed with the individual ingredients separated by a slash mark (/).
- Only the generic names of over-the-counter drugs that are payable under MassHealth appear on the List. The brand names of such drugs are not listed, and therefore require prior authorization.
- Only the generic names of antihistamine/decongestant combinations are listed. The brand names of such combinations are not listed, and therefore require prior authorization.

#### **Drug List on DMA Web Site**

The MassHealth Drug List can be found on our Web site at <a href="www.mass.gov/dma">www.mass.gov/dma</a>, along with other information for pharmacies and prescribers.

# **Future Updates**

Beginning April 1, 2003, the Division may sometimes update the MassHealth Drug List twice a month. Updates to the List may occur on the first business day of the month or 14 calendar days later, or both. The Web site will indicate the effective dates of the updates, some of which may be effective immediately upon publication.

The Division does not intend to mail updated copies of the MassHealth Drug List to providers each time the List is revised. To sign up for e-mail alerts that will notify you when the List has been updated, go to the MassHealth Drug List on the Division's Web site, and follow the instructions.

To get a paper copy of an updated List, submit a written request to the following address or fax number.

MassHealth Publications P.O. Box 9101 Somerville, MA 02145 Fax: 617-576-4487

Include your MassHealth provider number, address, and a contact name with your request. MassHealth Publications will send you the latest version of the List. You will need to submit another written request each time you want a paper copy.

#### **Questions or Comments**

Pharmacists and prescribers who have questions or comments about the MassHealth Drug List may contact the Drug Utilization Review Program at 1-800-745-7318 or may e-mail the MassHealth Pharmacy Program at <a href="masshealthdruglist@nt.dma.state.ma.us">masshealthdruglist@nt.dma.state.ma.us</a>. The Division does not answer all e-mail inquiries directly, but will use these inquiries to develop frequently asked questions about the MassHealth Drug List for the Division's Web site.

When e-mailing a question or comment to the above e-mail address, please include your name, title, phone number, and fax number. This electronic mailbox should be used only for submitting questions or comments about the MassHealth Drug List. You will receive an automated response that acknowledges receipt of your e-mail. If you do not receive an automated reply, please resubmit your inquiry.

If a member has questions about the MassHealth Drug List, please refer the member to the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss).

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# **Alphabetic List**

<u>A</u>	adalimumab - PA; see Table 5, p. 37
	adapalene – <b>PA &gt; 25 years</b> ; see Table 10, p. 42
A/B Otic (antipyrine/benzocaine) abacavir	Adderall # (amphetamine salts)
abacavii/lamivudine/zidovudine	Adoxa (doxycycline)
	Adrenalin (epinephrine)
Abeliet (amphotericin B)	Adriamycin # (doxorubicin)
Abilify (aripiprazole) – PA	Adrucil # (fluorouracil)
acarbose – PA (effective 06/02/03)	Advair (fluticasone/salmeterol) – PA > 2
Accolate (zafirlukast) – PA > 16 years (effective	inhalers/month (effective 06/02/03); see Table
06/02/03)	23, p. 55
AccuNeb (albuterol) – see Table 23, p. 55 Accupril (quinapril) – <b>PA</b> ; see Table 18, p. 50	Advicor (lovastatin/niacin) – <b>PA</b> ; see Table 13, p. 45
Accuretic (quinapril/hydrochlorothiazide) – <b>PA</b> ;	AeroBid (flunisolide) – PA > 2 inhalers/month
	(effective 06/02/03); see Table 23, p. 55
see Table 18, p. 50	AeroBid-M (flunisolide) - PA (effective 06/02/03); see Table
Accutane # (isotretinoin) – see Table 10, p. 42	23, p. 55
Accuzyme (papain/urea)	Agenerase (amprenavir)
acebutolol – see Table 21, p. 53	Aggrenox (dipyridamole/aspirin)
Aceon (perindopril) – <b>PA</b> ; see Table 18, p. 50	Agrylin (anagrelide)
acetaminophen *	A-Hydrocort # (hydrocortisone)
Acetasol # (acetic acid)	Ak-beta (levobunolol)
acetazolamide acetic acid	Akineton (biperiden)
acetohexamide	Akne-Mycin (erythromycin)
	Ak-Pentolate # (cyclopentolate)
acetohydroxamic acid acetylcysteine	Ak-Polybac # (bacitracin/polymyxin B)
Achromycin # (tetracycline)	Ak-Spore HC # (neomycin/polymyxin B/
, , ,	hydrocortisone)
Aciphex (rabeprazole) – <b>PA</b> ; see Table 3, p. 35	Ak-Sulf # (sulfacetamide)
acitretin – see Table 10, p. 42 Aclovate (alclometasone) – <b>PA</b> ; see Table 16, p.	Aktob # (tobramycin)
48	Ak-tracin # (bacitracin)
Acova (argatroban) – <b>PA</b>	Ak-Trol # (neomycin/polymyxin B/
acrivastine/pseudoephedrine – <b>PA</b> ; see Table	dexamethasone)
12, p. 44	Alamast (pemirolast)
Acthar (corticotropin)	albendazole
Acticin (permethrin)	Albenza (albendazole)
Actigall # (ursodiol)	albumin
Actimmune (interferon gamma-1b) – see	Albuminar-25 (albumin)
Table 5, p. 37	albuterol
Actiq (fentanyl transmucosal system) – <b>PA</b> ; see	albuterol, inhalation solution; see Table 23, p. 55
Table 8, p. 40	albuterol, inhaler – PA > 2 inhalers/month
Activella (estradiol/norethindrone)	(effective 06/02/03); see Table 23, p. 55
Actonel (risedronate)	albuterol/ipratropium, inhalation solution – see Table
Actos (pioglitazone)	23, p. 55
Acular (ketorolac)	albuterol/ipratropium, inhaler – PA > 2
acyclovir	inhalers/month (effective 06/02/03); see Table
A&D, topical *	23, p. 55
Adalat # (nifedipine) – see Table 22, p. 54	alclometasone – <b>PA</b> ; see Table 16, p. 48
( F -)	

PA Prior authorization is required. The prescriber must obtain prior authorization for the drug in order for the pharmacy to receive payment.

- # This is a brand-name drug with FDA "A"-rated generic equivalents. Prior authorization is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA "A"-rated generic equivalent.
- \* The generic OTC and, if any, generic prescription versions of the drug are payable under MassHealth without prior authorization.
- Prior-authorization status depends on the drug's formulation.

Aldactazide # Amerge (naratriptan) – PA; see Table 14, p. 46 (spironolactone/hydrochlorothiazide) Americaine # (benzocaine) Aldactone # (spironolactone) A-Methapred # (methylprednisolone) Amevive (alefacept) - PA; see Table 5, p. 37 Aldara (imiguimod) Aldoril-25 # (methyldopa/hydrochlorothiazide) Amicar # (aminocaproic acid) alefacept - PA; see Table 5, p. 37 amikacin alendronate amiloride Alesse # (ethinyl estradiol/levonorgestrel) amiloride/hydrochlorothiazide Alferon N (interferon alfa-n3, human leukocyte Amino Acid Cervical (urea/sodium proprionate/methionine/cystine/inositol) derived) - see Table 5, p. 37 alitretinoin - PA; see Table 10, p. 42 amino acid & electrolyte IV infusion Alkeran (melphalan) aminocaproic acid Allegra (fexofenadine) - PA; see Table 12, p. 44 Amino-Cerv pH 5.5 (urea/sodium Allegra-D (fexofenadine/pseudoephedrine) proprionate/methionine/cystine/inositol) **PA**; see Table 12, p. 44 aminoglutethimide Allergen (benzocaine/antipyrine) aminophylline allopurinol amiodarone almotriptan – PA > six units/month; see Table amitriptyline - see Table 17, p. 49 14, p. 46 amitriptyline/chlordiazepoxide amitriptyline/perphenazine Alocril (nedocromil) amlodipine - PA; see Table 22, p. 54 Alomide (lodoxamide) Alora # (estradiol) amlodipine/benazepril - PA; see Table 18, p. 50; alosetron - PA see Table 22. p. 54 Alphagan (brimonidine) ammonium lactate Alphanate (antihemophilic factor, human) amoxapine - see Table 17, p. 49 AlphaNine SD (factor IX, human) amoxicillin alprazolam amoxicillin/clavulanate alprostadil – PA; see Table 6, p. 38 Amoxil # (amoxicillin) Alrex (loteprednol) amphetamine salts Altace (ramipril) - PA; see Table 18, p. 50 amphotericin B Altinac (tretinoin) - PA > 25 years; see ampicillin Table 10, p. 42 ampicillin/sulbactam Altocor (lovastatin extended release) – PA; see amprenavir Table 13, p. 45 amylase/lipase/protease aluminum carbonate \* Anadrol-50 (oxymetholone) Anafranil # (clomipramine) - see Table 17, p. 49 aluminum chloride aluminum hydroxide \* anagrelide Alupent # (metaproterenol), inhalation solution anakinra – PA; see Table 5, p. 37 see Table 23, p. 55 Anaprox # (naproxen) - see Table 11, p. 43 Alupent (metaproterenol), inhaler - PA Anaspaz # (hyoscyamine) anastrozole (effective 06/02/03); see Table 23, p. 55 amantadine Ancef # (cefazolin) Amaryl (glimepiride) - PA (effective 06/02/03) Ancobon (flucytosine) Ambien (zolpidem) - PA > 10 units/month: see Androderm (testosterone) Table 15, p. 47 Androgel (testosterone) Ambisome (amphotericin B) Android (methyltestosterone) amcinonide – PA; see Table 16, p. 48

PA Prior authorization is required. The prescriber must obtain prior authorization for the drug in order for the pharmacy to receive payment.

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- \* The generic OTC and, if any, generic prescription versions of the drug are payable under MassHealth without prior authorization.
- Prior-authorization status depends on the drug's formulation.

Anexsia # (hydrocodone/acetaminophen) – see aspirin \* Table 8, p. 40 aspirin/buffers \* Anolor-300 (butalbital/acetaminophen/caffeine) Astelin (azelastine) - see Table 12, p. 44 Ansaid # (flurbiprofen) - see Table 11, p. 43 Astramorph PF (morphine) - see Table 8, p. 40 Antabuse (disulfiram) Atacand (candesartan) – **PA**; see Table 18, p. 50 anthralin Atarax # (hydroxyzine) - see Table 12, p. 44 atenolol - see Table 21, p. 53 antihemophilic factor, human anithemophilic factor, recombinant atenolol/chlorthalidone - see Table 21, p. 53 anti-inhibitor coagulant complex Atgam (antithymocyte globulin, equine) - see antipyrine/benzocaine Table 1, p. 33 antithymocyte globulin, equine - see Table 1, Ativan # (lorazepam) p. 33 atorvastatin - see Table 13, p. 45 antithymocyte globulin, rabbit – see Table 1, p. atovaquone atovaquone/proguanil Antivert # (meclizine) atropine Anusol-HC # (hydrocortisone) - see Table 16, p. Atrovent (ipratropium), inhalation solution - see Table 23, p. 55 Anzemet (dolasetron) Atrovent (ipratropium), inhaler - PA > 2 APF # (sodium fluoride) inhalers/month (effective 06/02/03); see Table Aphthasol 5% (amlexanox) 23, p. 55 apraclonidine Atrovent (ipratropium), nasal spray Apri (ethinyl estradiol/desogestrel) Augmentin (amoxicillin/clavulanate) Agua-Mephyton # (phytonadione) Auralgan # (antipyine/benzocaine) Aralen Hydrochloride (chloroquine) auranofin Aralen Phosphate # (chloroquine) Aurodex (antipyrine/benzocaine) Aranesp (darbepoetin) - PA; see Table 4, p. 36 Aurolate (gold sodium thiomalate) Arava (leflunomide) aurothioglucose Aredia # (pamidronate) Auroto # (antipyrine/benzocaine) argatroban - PA Avalide (irbesartan/hydrochlorothiazide) - PA; see Aricept (donepezil) Table 18, p. 50 Avandamet (rosiglitazone/metformin) - PA Arimidex (anastrozole) Avandia (rosiglitazone) aripiprazole - PA Avapro (irbesartan) - PA; see Table 18, p. 50 Aristocort (triamcinolone) Aristocort # (triamcinolone), topical – see Table AVC # (sulfanilamide) Avelox (moxifloxacin) 16, p. 48 Aventyl # (nortriptyline) - see Table 17, p. 49 Aristocort A # (triamcinolone) – see Table 16, p. 48 Aviane # (ethinyl estradiol/levonorgestrel) Aristocort Forte (triamcinolone) Avinza (morphine extended-release) – PA; see Aristospan (triamcinolone) Table 8, p. 40 Arixtra (fondaparinux) - PA > 11 doses/Rx Avita # (tretinoin) - PA > 25 years; see Table 10, Aromasin (exemestane) p. 42 Artane # (trihexyphenidyl) Avodart (dutasteride) - PA Avonex (interferon beta-1a) - see Table 5, p. 37 Arthrotec (diclofenac/misoprostol) - PA < 60 vears: see Table 11, p. 43 Axert (almotriptan) – PA > six units/month: see artificial tears \* Table 14, p. 46 Axid # (nizatidine \*) - see Table 3, p. 35 Asacol (mesalamine) Axocet # (butalbital/acetaminophen) ascorbic acid \*

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Aygestin # (norethindrone) Azactam (aztreonam) azatadine – PA; see Table 12, p. 44 azatadine/pseudoephedrine – PA; see Table 12, p. 44 azathioprine azelaic acid azelastine – see Table 12, p. 44 Azelex (azelaic acid) azithromycin Azmacort (triamcinolone) – PA > 2 inhalers/month (effective 06/02/03); see Table 23, p. 55 Azopt (brinzolamide) aztreonam Azulfidine # (sulfasalazine)	Beclovent (beclomethasone) – PA > 3 inhalers/month (effective 06/02/03); see Table 23, p. 55 Beconase (beclomethasone) belladonna/phenobarbital Benadryl # (diphenhydramine) – see Table 12, p. 44 benazepril – PA; see Table 18, p. 50 BeneFix (factor IX, recombinant) Benicar (olmesartan) – PA; see Table 18, p. 50 Bentyl # (dicyclomine) Benzaclin (benzoyl peroxide/clindamycin) Benzamycin (benzoyl peroxide/erythromycin) benzocaine benzoyl peroxide * benzoyl peroxide/erythromycin
<u>B</u>	benzoyl peroxide/hydrocortisone benzoyl peroxide/sulfur
bacitracin * bacitracin/polymyxin B baclofen – see Table 7, p. 39 baclofen intrathecal – <b>PA</b> ; see Table 7, p. 39 Bactrim # (trimethoprim/sulfamethoxazole) Bactroban (mupirocin) balsalazide Banflex (orphenadrine) – see Table 7, p. 39 BayHep B (hepatitis B immune globulin, human) – see Table 1, p. 33 BayRab (rabies immune globulin IM, human) – see Table 1, p. 33 BayRho-D Full Dose (Rho(D) immune globulin IM) – see Table 1, p. 33 BayRho-D Mini Dose (Rho(D) immune globulin IM, micro-dose) – see Table 1, p. 33 BayTet (tetanus immune globulin IM, human) – see Table 1, p. 33 BayTet (tetanus immune globulin IM, human) – see Table 1, p. 33 BcG vaccine Bebulin VH Immuno (factor IX complex) becaplermin beclomethasone, inhaler – <b>PA</b> > 3 inhalers/month (effective 06/02/03); see Table 23, p. 55 beclomethasone, nasal spray – see Table 23, p. 55	benztropine bepridil – <b>PA</b> ; see Table 22, p. 54 Betagan # (levobunolol) betaine betamethasone betamethasone, topical ° – see Table 16, p. 48 Betapace # (sotalol) – see Table 21, p. 53 Betaseron (interferon beta 1-b) – see Table 5, p. 37 Beta-Val # (betamethasone) – see Table 16, p. 48 betaxolol – see Table 21, p. 53 bethanechol Betimol (timolol) bexarotene Bextra (valdecoxib) – <b>PA &lt; 60 years</b> ; see Table 11, p. 43 bicalutamide Bicitra (sodium citrate/citric acid) bimatoprost biperiden bisacodyl * bismuth subsalicylate * bismuth subsalicylate/tetracycline/metronidazole bisoprolol – see Table 21, p. 53 bisoprolol/hydrochlorothiazide – see Table 21, p. 53 bleomycin Bleph-10 # (sulfacetamide) Blephamide (sulfacetamide/prednisolone) Blocadren # (timolol) – see Table 21, p. 53 bosentan – <b>PA</b>

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Botox (botulinum toxin type A) – PA calamine lotion \* botulinum toxin type A – PA Calan # (verapamil) - see Table 22, p. 54 botulinum toxin type B - PA calcifediol Brethine # (terbutaline) Calciferol (ergocalciferol) Brevibloc (esmolol) - see Table 21, p. 53 Calciiex (calcitriol) Brevicon (ethinyl estradiol/norethindrone) calcipotriene brimonidine calcitonin, human brinzolamide calcitonin, salmon bromocriptine calcitriol brompheniramine \* - see Table 12, p. 44 calcium acetate brompheniramine/pseudoephedrine \* - see calcium carbonate \* Table 12, p. 44 calcium citrate \* budesonide, inhalation suspension - see Table calcium glubionate \* calcium gluconate \* 23, p. 55 budesonide, inhaler - PA > 1 inhaler/month calcium phosphate \* (effective 06/02/03); see Table 23, p. 55 Calderol (calcifediol) Camptosar (irinotecan) budesonide, nasal spray Cancidas (caspofungin) bumetanide candesartan - PA Bumex # (bumetanide) Buphenyl (sodium phenylbutyrate) Cantil (mepenzolate) bupivacaine capecitabine Buprenex (buprenorphine) Capex (fluocinolone) - PA; see Table 16, p. 48 buprenorphine Capitrol (chloroxine) Capoten # (captopril) - see Table 18, p. 50 bupropion - see Table 17, p. 49 Capozide # (captopril/hydrochlorothiazide) - see bupropion sustained release – see Table 17, p. 49 Table 18, p. 50 Buspar # (buspirone) capsaicin \* buspirone captopril - see Table 18, p. 50 butabarbital captopril/hydrochlorothiazide - see Table 18, p. 50 Carac (fluorouracil) butalbital Carafate # (sucralfate) butalbital/acetaminophen butalbital/acetaminophen/caffeine carbamazepine - see Table 20, p. 52 butalbital/acetaminophen/codeine/caffeine carbamide peroxide \* butalbital/aspirin/caffeine Carbatrol (carbamazepine) - see Table 20, p. 52 butalbital/aspirin/codeine/caffeine carbenicillin butenafine carbidopa Butisol (butabarbital) carbidopa/levodopa carbinoxamine - see Table 12, p. 44 butoconazole butorphanol, injection carbinoxamine/pseudoephedrine - see Table 12, p. butorphanol, nasal spray - PA 44 carboplatin C Cardene # (nicardipine) - see Table 22, p. 54 Cardizem # (diltiazem) - see Table 22, p. 54 cabergoline Cardura # (doxazosin) - see Table 19, p. 51 Cafcit (caffeine) carisoprodol - see Table 7, p. 39 caffeine Carmol (urea) Cafergot (ergotamine/caffeine) Carnitor (levocarnitine)

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carteolol, oplthalmic Cerezyme (imiglucerase) carteolol, oral - PA: see Table 21, p. 53 Cerumenex (triethanolamine) Cartia (diltiazem) - see Table 22, p. 54 cetirizine syrup - PA > 12 years (except for LTC Cartrol (carteolol) - PA; see Table 21, p. 53 members); see Table 12, p. 44 cetirizine tablets - PA > 31 doses/month; see Table carvedilol – **PA**; see Table 21, p. 53 casanthranol \* 12, p. 44 Casodex (bicalutamide) cetirizine/pseudoephedrine - PA > 62 caspofungin doses/month; see Table 12, p. 44 castor oil/peru balsam/trypsin cevimeline Cataflam # (diclofenac) Chemet (succimer) Catapres # (clonidine) chloral hydrate Caverject (alprostadil) - PA; see Table 6, p. 38 chlorambucil Cebocap (lactose) chloramphenicol Ceclor # (cefaclor) chlordiazepoxide chlorhexidine gluconate \* Cedax (ceftibuten) Ceenu (lomustine) Chloroptic # (chloramphenicol) cefaclor chloroquine chlorothiazide cefadroxil cefazolin chloroxine cefdinir chloroxylenol/pramoxine/hydrocortisone cefditoren chlorpheniramine \* - see Table 12, p. 44 cefepime chlorpheniramine/phenylephrine – see Table 12, p. cefixime chlorpheniramine/pseudoephedrine \* - see Table Cefizox (ceftizoxime) Cefotan (cefotetan) 12. p. 44 cefotaxime chlorpheniramine/pyrilamine/phenylephrine - see cefotetan Table 12, p. 44 cefoxitin chlorpromazine cefpodoxime chlorpropamide chlorthalidone cefprozil ceftazidime chlorzoxazone ceftibuten cholestyramine choline salicylate/magnesium salicylate Ceftin # (cefuroxime) ceftizoxime Cibacalcin (calcitonin, human) ceftriaxone ciclopirox cidofovir cefuroxime Cefzil (cefprozil) cilostazol Celebrex (celecoxib) – PA < 60 years; see Table Ciloxan (ciprofloxacin) 11, p. 43 cimetidine \* - see Table 3, p. 35 celecoxib - PA < 60 years; see Table 11, p. 43 Cinobac (cinoxacin) Celestone (betamethasone) cinoxacin Celexa (citalopram) - PA; see Table 17, p. 49 Cipro (ciprofloxacin) Cellcept (mycophenolate) ciprofloxacin Celontin (methsuximide) - see Table 20, p. 52 cisplatin Cenestin (estrogens, conjugated) citalopram - PA; see Table 17, p. 49 cephalexin citrate salts Cephulac # (lactulose) Claforan # (cefotaxime)

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Clarinex (desloratadine) - PA > 31 doses/ Combivent (albuterol/ipratropium) - PA > 2 month: see Table 12. p. 44 inhalers/month (effective 06/02/03): clemastine - see Table 12, p. 44 see Table 23, p. 55 Cleocin # (clindamycin) Combivir (lamivudine/zidovudine) Climara # (estradiol) Compazine # (prochlorperazine) Clindagel (clindamycin) Compro (prochlorperazine) clindamycin Comtan (entacapone) Clindets # (clindamycin) Concerta (methylphenidate) Clinoril # (sulindac) - see Table 11, p. 43 Condylox (podofilox) clobetasol o - see Table 16, p. 48 Constulose (lactulose) clocortolone - PA: see Table 16. p. 48 Copaxone (glatiramer) Cloderm (clocortolone) - PA; see Table 16, p. Copegus (ribavirin) 48 copper IUD clomipramine - see Table 17, p. 49 Cordarone # (amiodarone) clonazepam – see Table 20, p. 52 Cordran (flurandrenolide) - PA; see Table 16, p. 48 clonidine Coreg (carvedilol) - PA; see Table 21, p. 53 clonidine/chlorthalidone Corgard # (nadolol) - see Table 21, p. 53 Cormax # (clobetasol) - see Table 16, p. 48 clopidogrel Cortane-B (chloroxylenol/pramoxine/ clorazepate – see Table 20, p. 52 hydrocortisone) Clorpres (clonidine/chlorthalidone) Cortef # (hydrocortisone) clotrimazole \* clotrimazole/betamethasone corticotropin clozapine Cortifoam (hydrocortisone) Clozaril # (clozapine) cortisone cod liver oil \* Cortisporin # (neomycin/polymyxin B/ codeine - see Table 8, p. 40 hydrocortisone) codeine/acetaminophen - see Table 8, p. 40 Cortisporin-TC (colistin/hydrocortisone/neomycin) codeine/aspirin - see Table 8, p. 40 Cortomycin (neomycin/polymyxin B/ Cogentin # (benztropine) hydrocortisone) Cognex (tacrine) Cortrosyn (cosyntropin) Colazal (balsalazide) Corzide (nadolol/bendroflumethiazide) - see Table colchicine/probenecid 21, p. 53 Cosopt (dorzolamide/timolol) colesevelam Colestid (colestipol) cosyntropin colestipol Coumadin # (warfarin) Covera-HS (verapamil) - see Table 22, p. 54 colistimethate colistin/hydrocortisone/neomycin Cozaar (losartan) – **PA**; see Table 18, p. 50 Creon (amylase/lipase/protease) collagenase colloidal oatmeal \* Crixivan (indinavir) Col-Probenecid # (colchicine/probenecid) Crolom (cromolyn) Coly-Mycin (colistimethate) cromolyn CoLyte # (polyethylene glycol-electrolyte cromolyn, inhalation solution - see Table 23, p. 55 solution) cromolyn, inhaler - PA > 2 inhalers/month Combinatch (estradiol/norethindrone) (effective 06/02/03): see Table 23. p. 55 Combipres (clonidine/chlorthalidone) crotamiton Cuprimine (penicillamine) Cutivate (fluticasone) - PA; see Table 16, p. 48

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Darvocet-N # (propoxyphene napsylate/ cvanocobalamin \* Cyclessa (ethinyl estradiol/desogestrel) acetaminophen) - see Table 8, p. 40 cyclobenzaprine - see Table 7, p. 39 Darvon # (propoxyphene) - see Table 8, p. 40 Darvon-N (propoxyphene napsylate) – see Table 8, Cyclocort (amcinonide) – **PA**; see Table 16, p. Cyclogyl # (cyclopentolate) Daypro # (oxaprozin) - see Table 11, p. 43 Cyclomydril (cyclopentolate/phenylephrine) DDAVP # (desmopressin) cvclopentolate Deca-Durabolin (nandrolone) cyclopentolate/phenylephrine Declomycin (demeclocycline) deferoxamine cyclophosphamide cyclosporine Delatestryl (testosterone) Cylert # (pemoline) delavirdine cyproheptadine - see Table 12, p. 44 Delestrogen # (estradiol) Cystadane (betaine) Deltasone # (prednisone) Cystagon (cysteamine) Demadex # (torsemide) cysteamine demeclocycline Cystospaz # (hyoscyamine) Demerol # (meperidine) - see Table 8, p. 40 Cytadren (aminoglutethimide) Demser (metyrosine) Demulen # (ethinyl estradiol/ethynodiol) cytarabine Denavir (penciclovir) CytoGam (cytomegalovirus immune globulin IV, human) - see Table 1, p. 33 Depacon (valproate) - see Table 20, p. 52 cytomegalovirus immune globulin IV, human -Depakene # (valproic acid) – see Table 20, p. 52 see Table 1, p. 33 Depakote (divalproex) - see Table 20, p. 52 Cytomel (liothyronine) Depen (penicillamine) Cytosar-U # (cytarabine) Depo-Estradiol (estradiol) Cytotec # (misoprostol) Depo-Medrol # (methylprednisolone) Cytovene (ganciclovir) Deponit (nitroglycerin) Cytoxan # (cyclophosphamide) Depo-Provera (medroxyprogesterone) Cytra-2 (sodium citrate/citric acid) Depo-Testosterone (testosterone) Cytra-3 (potassium citrate/sodium citrate/citric Derma-Smoothe/FS (fluocinolone) - PA; see Table acid) 16, p. 48 Cytra-K (potassium citrate/citric acid) Dermatop (prednicarbate) – PA; see Table 16, p. 48 Desferal (deferoxamine) D desipramine - see Table 17, p. 49 desloratadine – PA > 31 doses/month; see Table dacarbazine 12, p. 44 Dalmane # (flurazepam) - PA > 10 desmopressin units/month; see Table 15, p. 47 Desogen # (ethinyl estradiol/desogestrel) dalteparin desonide - see Table 16, p. 48 danazol DesOwen # (desonide) - see Table 16, p. 48 Danocrine # (danazol) desoximetasone - see Table 16, p. 48 Dantrium (dantrolene) Desoxyn (methamphetamine) - PA dantrolene Desyrel # (trazodone) - see Table 17, p. 49 dapsone Detrol (tolterodine) Daranide (dichlorphenamide) Dexacidin (neomycin/polymyxin B/ Daraprim (pyrimethamine) dexamethasone) darbepoetin alpha - PA; see Table 4, p. 36

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Dexacine (neomycin/polymyxin B/ diltiazem – see Table 22, p. 54 Diovan (valsartan) - PA: see Table 18, p. 50 dexamethasone) Diovan HCT (valsartan/hydrochlorothiazide) - PA; dexamethasone see Table 18, p. 50 dexamethasone/neomycin Dexasporin (neomycin/polymyxin B/ Dipentum (olsalazine) dexamethasone) diphenhydramine \* - see Table 12, p. 44 dexbrompheniramine/pseudoephedrine - see diphenhydramine/pseudoephedrine - see Table 12, Table 12, p. 44 p. 44 dexchlorpheniramine - see Table 12, p. 44 diphenoxylate/atropine Dexedrine # (dextroamphetamine) dipivefrin Dexferrum (iron dextran) Diprolene (betamethasone) – **PA**; see Table 16, p. dexmethylphenidate dextroamphetamine Diprolene AF (betamethasone) – PA; see Table 16. dextrose Dextrostat # (dextroamphetamine) Diprosone (betamethasone) - PA; see Table 16, p. D.H.E. 45 (dihydroergotamine mesylate) 48 DHT (dihydrotachysterol) dipyridamole DiaBeta (glyburide) - PA (effective 06/02/03) dipyridamole/aspirin Diabinese # (chlorpropamide) Diquinol (iodoquinol) Diamox # (acetazolamide) dirithromycin Diastat (diazepam) - see Table 20, p. 52 Disalcid # (salsalate) diazepam – see Table 7, p. 39; see Table 20, p. disopyramide 52 disulfiram diazoxide Ditropan # (oxybutynin) dichlorphenamide Diuril # (chlorothiazide) diclofenac - see Table 11, p. 43 divalproex - see Table 20, p. 52 diclofenac/misoprostol - PA < 60 years; see docetaxel Table 11, p. 43 docusate sodium \* dicloxacillin dofetilide dicyclomine dolasetron Dolobid # (diflunisal) - see Table 11, p. 43 didanosine Didronel (etidronate) Dolophine # (methadone) - see Table 8, p. 40 dienestrol Domeboro # (aluminum acetate) Differin (adapalene) - PA > 25 years; see donepezil Table 10, p. 42 Doral (quazepam) - PA; see Table 15, p. 47 diflorasone – see Table 16, p. 48 dornase alpha Diflucan (fluconazole) Doryx (doxycycline) diflunisal - see Table 11, p. 43 dorzolamide Digitek (digoxin) dorzolamide/timolol digoxin Dostinex (cabergoline) dihydrocodeine/aspirin/caffeine Dovonex (calcipotriene) dihydroergotamine doxazosin – see Table 18, p. 50 dihydrotachysterol doxepin - see Table 17, p. 49 Dilacor # (diltiazem) - see Table 22. p 54 doxercalciferol Dilantin (phenytoin) - see Table 20, p. 52 doxorubicin Dilatrate-SR (isosorbide) doxycycline Dilaudid # (hydromorphone) – see Table 8, p. 40 Drisdol # (ergocalciferol)

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dronabinol - PA emedastine Emgel # (ervthromycin) droperidol EMLA (lidocaine/prilocaine) Droxia (hydroxyurea) Drysol (aluminum chloride) E-Mycin # (erythromycin) DTIC-Dome # (dacarbazine) enalapril – see Table 18. p. 50 enalapril/felodipine - PA; see Table 18, p. 50; see DuoNeb (albuterol/ipratropium) – see Table 23, p. 55 Table 22, p. 54 Duphalac (lactulose) enalapril/hydrochlorothiazide - see Table 18, p. 50 Duragesic (fentanyl) – PA > 30 patches/month; Enbrel (etanercept) – PA; see Table 5, p. 37 **PA > 200 mcg/hour**; see Table 8, p. 40 Endocet (oxycodone/acetaminophen) - see Table 8, Duramorph (morphine) - see Table 8, p. 40 p. 40 Duricef # (cefadroxil) Endocodone (oxycodone) – see Table 8, p. 40 dutasteride - PA Endodan (oxycodone/aspirin) – see Table 8, p. 40 Dyazide # (triamterene/hydrochlorothiazide) Enduron # (methyclothiazide) Dynabac (dirithromycin) Enduronyl (methyclothiazide/deserpidine) Dynacin # (minocycline) enfuvirtide - PA Dvnacirc (isradipine) - PA; see Table 22, p. 54 Engerix-B (hepatitis B, recombinant vaccine) Dynapen (dicloxacillin) enoxaparin Dyphylline-GG (dyphylline/guaifenesin) Enpresse (levonorgestrel/ethinyl estradiol) dyphylline/guaifenesin entacapone Entocort (budesonide) Enulose (lactulose) E Epifoam (hydrocortisone/pramoxine) echothiophate iodine Epifrin # (epinephrine) econazole epinephrine Econopred # (prednisolone) Epipen (epinephrine) Edecrin (ethacrynic acid) epirubicin Edex (alprostadil) - PA; see Table 6, p. 38 Epitol (carbamazepine) – see Table 20, p. 52 efavirenz Epivir (lamivudine) Effexor (venlafaxine) - PA; see Table 17, p. 49 eplerenone - PA Efudex (fluorouracil) epoetin alfa - PA; see Table 4, p. 36. Elavil # (amitriptyline) - see Table 17, p. 49 Epogen (epoetin alfa) - PA; see Table 4, p. 36 Eldepryl # (selegiline) epoprostenol electrolyte solution, pediatric \* eprosartan - PA; see Table 18, p. 50 eletriptan - PA; see Table 14, p. 46 Equagesic (meprobamate/aspirin) Elidel (pimecrolimus) Equanil (meprobamate) Eligard (leuprolide) - PA; see Table 2, p. 34 ergocalciferol Elimite # (permethrin) ergoloid Elitek (rasburicase) Ergomar (ergotamine) Elixophyllin-KI (theophylline/potassium iodide) ergotamine Ellence (epirubicin) ergotamine/caffeine Elmiron (pentosan) Eryped # (erythromycin) Elocon (mometasone) - PA; see Table 16, p. 48 Ery-tab (erythromycin) Eloxatin (oxaliplatin) Ervthrocin (ervthromycin) Emadine (emedastine) erythromycin Embeline # (clobetasol) - see Table 16, p. 48 erythromycin/sulfisoxazole Emcyt (estramustine) escitalopram - PA; see Table 17, p. 49

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Esclim # (estradiol) Eulexin # (flutamide) Esgic # (butalbital/acetaminophen/caffeine) Eurax (crotamiton) Eskalith # (lithium) Evista (raloxifene) esmolol - see Table 21, p. 53 Evoxac (cevimeline) esomeprazole – PA: see Table 3. p. 35 Exelderm (sulconazole) estazolam - PA > 10 units/month; see Table Exelon (rivastigmine) 15, p. 47 exemestane Estinyl (ethinyl estradiol) ezetimibe - PA Estrace # (estradiol) Estraderm (estradiol) estradiol factor IX complex estradiol/medroxyprogesterone factor IX, human estradiol/norethindrone factor IX, recombinant estramustine famciclovir Estratab # (estrogens, esterified) famotidine \* - see Table 3, p. 35 Estratest (estrogens, esterified/ Famvir (famciclovir) methyltestosterone) Farbital (butalbital/aspirin/caffeine) Estring (estradiol) Fareston (toremifene) estriol Faslodex (fulvestrant) - PA estrogens, conjugated fat emulsion, intravenous estrogens, conjugated/medroxyprogesterone Feiba VH Immuno (anti-inhibitor coagulant complex) estrogens, esterified felbamate - see Table 20, p. 52 estrogens, esterified/methyltestosterone Felbatol (felbamate) - see Table 20, p. 52 estropipate Feldene # (piroxicam) - see Table 11, p. 43 Estrostep Fe (ethinyl estradiol/norethindrone) felodipine - PA; see Table 22, p. 54 Estrostep 21 (ethinyl estradiol/norethindrone) Femara (letrozole) etanercept – PA; see Table 5, p. 37 Femhrt (ethinyl estradiol/norethindrone) ethacrynic acid fenofibrate ethambutol fenoprofen - see Table 11, p. 43 Ethezyme (papain/urea) fentanyl, injection – see Table 8, p. 40 ethinyl estradiol fentanyl, transdermal system - PA > 30 ethinyl estradiol/desogestrel patches/month: PA > 200 mcg/hour: see ethinvl estradiol/drospirenone Table 8, p. 40 ethinyl estradiol/ethynodiol fentanyl, transmucosal system - PA; see Table 8, ethinyl estradiol/levonorgestrel p. 40 ethinyl estradiol/norelgestromin Ferrlecit (sodium ferric gluconate complex) ethinyl estradiol/norethindrone ferrous fumarate \* ethinyl estradiol/norgestimate ferrous gluconate \* ethinyl estradiol/norgestrel ferrous sulfate \* Ethmozine (moricizine) fexofenadine - PA; see Table 12, p. 44 ethosuximide - see Table 20, p. 52 fexofenadine/pseudoephedrine - PA; see Table 12, ethotoin - see Table 20, p. 52 etidronate filgrastim - PA; see Table 4, p. 36 etodolac - see Table 11, p. 43 finasteride - PA etonogestrel/ethinyl estradiol Finevin (azelaic acid) etoposide Fioricet # (butalbital/acetaminophen/caffeine) etretinate – see Table 10, p. 42

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Fioricet/codeine # (butalbital/acetaminophen/ fluroxamine codeine/caffeine) flutamide Fiorinal # (butalbital/aspirin/caffeine) fluticasone, inhalation - PA > 2 inhalers/month, 2 x Fiorinal/codeine # (butalbital/codeine/aspirin/ 28 or 2 x 60 diskus/month, 2 x 60 rotadisk/month (effective 06/02/03); see Table Fiorpap (butalbital/acetaminophen/caffeine) 23, p. 55 Fiortal (butalbital/aspirin/caffeine) fluticasone, nasal spray Flagyl # (metronidazole) fluticasone, topical - PA; see Table 16, p. 48 Flarex # (fluorometholone) fluticasone/salmeterol - PA > 2 inhalers/month flavoxate (effective 06/02/03); see Table 23, p. 55 flecanide fluvastatin – see Table 13. p. 45 Flexeril # (cyclobenzaprine) – see Table 7, p. 39 fluvastatin extended release - see Table 13, Flexoject (orphenadrine) – see Table 7, p. 39 p. 45 Flexon (orphenadrine) – see Table 7, p. 39 Fluvirin (influenza vaccine) Flolan (epoprostenol) fluvoxamine - see Table 17, p. 49 Flomax (tamsulosin) - PA; see Table 19, p. 51 FML # (fluorometholone) Flonase (fluticasone) FML-S (fluorometholone/sulfacetamide) Focalin (dexmethylphenidate) Florinef (fludrocortisone) flouormetholone folic acid \* Flovent (fluticasone) - PA > 2 inhalers/month, fondaparinux – PA > 11 doses/Rx Foradil (formoterol) - PA > 60 capsules/month 2 x 28 or 2 x 60 diskus/month, 2 x 60 rotadisk/month (effective 06/02/03); see (effective 06/02/03); see Table 23, p. 55 Table 23, p. 55 formaldehyde Floxin (ofloxacin) Formaldehyde-10 (formaldehyde) fluconazole formoterol - PA > 60 capsules/month (effective flucytosine 06/02/03); see Table 23, p. 55 fludrocortisone Fortaz (ceftazidime) Flumadine # (rimantadine) Forteo (teriparatide) - PA flunisolide, o inhaler - PA > 2 inhalers/month Fortovase (saguinavir) (effective 06/02/03); see Table 23, p. 55 Fosamax (alendronate) flunisolide, nasal spray foscarnet fluocinolone o - see Table 16, p. 48 Foscavir (foscarnet) fluocinonide - see Table 16, p. 48 fosfomycin fosinopril - PA; see Table 18, p. 50 fluorides Fluoritab (sodium fluoride) Fragmin (dalteparin) Frova (frovatriptan) - PA; see Table 14, p. 46 fluorometholone frovatriptan - PA; see Table 14, p. 46 fluorometholone/sulfacetamide fulvestrant - PA Fluor-op (fluorometholone) Fluoroplex (fluorouracil) Fulvicin # (griseofluvin) fluorouracil Fungizone (amphotericin B) Furacin (nitrofurazone) fluoxetine ° - see Table 17, p. 49 fluoxymesterone Furadantin (nitrofurantoin) furazolidone fluphenazine furosemide flurandrenolide ° – see Table 16, p. 48 Furoxone (furazolidone) flurazepam - PA > 10 units/month; see Table Fuzeon (enfuvirtide) - PA 15, p. 47

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Note: Any drug that does not appear on the List requires prior authorization.

flurbiprofen - see Table 11, p. 43

Giucovance (glyburide/metformin) – PA
glyburide °
glyburide/metformin – <b>PA</b>
glycerin
glycopyrrolate
Glynase # (glyburide)
Glyset (miglitol) - PA (effective 06/02/03)
gold sodium thiomalate
GoLYTELY # (polyethylene glycol-electrolyte
solution)
goserelin – <b>PA</b> ; see Table 2, p. 34
granisetron
Granul-derm (castor oil/peru balsam/trypsin)
Granulex # (castor oil/peru balsam/trypsin)
Grifulvin # (griseofulvin)
griseofulvin
Gris-Peg # (griseofulvin)
guaifenesin/dyphylline
guanabenz
guanfacine
Gynazole-1 (butoconazole)
Gynodiol (estradiol)
Cyricalor (Cottadior)
<u>H</u>
_
halcinonide – <b>PA</b> ; see Table 16, p. 48
Halcion # (triazolam) – PA > 10 units/month; see
Table 15, p. 47
Haldol # (haloperidol)
halobetasol – <b>PA</b> ; see Table 16, p. 48
Halog (halcinonide) – <b>PA</b> ; see Table 16, p. 48
Halog-E (halcinonide) – PA; see Table 16, p. 48
haloperidol
Haponal (belladonna/phenobarbital)
Havrix (hepatitus A vaccine, inactivated)
HBIG (hepatitis B immune globulin, human) – see
Table 1, p. 33
Hectorol (doxercalciferol)
Helidac (bismuth subsalicylate/tetracycline/
metronidazole)
Helixate (antithemophilic factor, recombinant)
Hemofil-M (antithemophilic factor, recombinant)
Hep-Lock # (heparin)
heparin
heparin lock flush
hepatitis A vaccine, inactivated
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hepatitis A vaccine inactivated/hepatitis B. HypRho-D Mini-Dose (Rho(D) immune globulin IM micro-dose) - see Table 1, p. 33 recombinant vaccine hepatitis B immune globulin, human - see Hytakerol (dihydrotachysterol) Hytone # (hydrocortisone) - see Table 16, p. 48 Table 1, p. 33 hepatitis B, recombinant vaccine Hytrin # (terazosin) - see Table 19. p. 51 Herceptin (trastuzumab) Hyzaar (losartan/hydrochlorothiazide) - PA; see hexachlorophene Table 18, p. 50 Hiprex (methenamine) Hivid (zalcitabine) Ī homatropine ibuprofen \* - see Table 11, p. 43 Humate-P (antihemophilic factor, human) imatinib Humatin # (paromomycin) Imdur # (isosorbide) Humatrope (somatropin) - PA; see Table 9. imiglucerase p. 41 imipenem/cilastatin Humira (adalimumab) - PA; see Table 5, p. 37 imipramine - see Table 17, p. 49 Hyalgan (sodium hyaluronate) - PA imiguimod hvaluronate Imitrex (sumatriptan) - PA; see Table 14, p. 46 hydralazine Imitrex (sumatriptan), injection – PA > six hydralazine/hydrochlorothiazide units/month; see Table 14, p. 46 Hydra-zide # (hydralazine/hydrochlorothiazide) immune globulin IV, human - PA; see Table 1, p. 33 Hydrea # (hydroxyurea) Imogam Rabies-HT (rabies immune globulin IM, Hydrocet # (hydrocodone/acetaminophen) – see human) - see Table 1, p. 33 Table 8, p. 40 Imovax (rabies vaccine) hydrochlorothiazide Imuran # (azathioprine) hydrocodone - see Table 8, p. 40 Inapsine # (droperidol) hydrocodone/acetaminophen - see Table 8, indapamide p. 40 Inderal # (propranolol) - see Table 21, p. 53 hydrocortisone Inderide # (propranolol/hydrochlorothiazide) - see hydrocortisone, topical o - see Table 16, p. 48 Table 21, p. 53 hydrocortisone/lidocaine indinavir hydrogen peroxide \* Indocin # (indomethacin) - see Table 11, p. 43 hydromorphone indomethacin – see Table 11, p. 43 hydroxychloroquine Infed (iron dextran) hydroxycobalamin Infergen (interferon alfacon-1) - see Table 5, p. 37 hydroxyprogesterone Inflamase # (prednisolone/sodium phosphate) hydroxyurea infliximab - PA; see Table 5, p. 37 hydroxyzine - see Table 12, p. 44 influenza vaccine hylan polymers – PA Infumorph (morphine) - see Table 8, p. 40 Hylutin (hydroxyprogesterone) Inspra (eplerenone) - PA hyoscyamine insulin, prefilled syringes - PA (effective 06/02/03) hyoscyamine/phenobarbital insulins \* Hyosol/SL (hyoscyamine, sublingual) Intal# (cromolyn), inhalation solution-see Table 23, Hyospaz (hyoscyamine) HyperHep (hepatitis B immune globulin. Intal (cromolyn), inhaler - PA > 2 inhalers/month human) - see Table 1, p. 33 (effective 06/02/03); see Table 23, p. 55 HypRho-D (Rho(D) immune globulin IM) – see Table 1, p. 33

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interferon alfa-n3, human leukocyte derived –	<u>K</u>
see Table 5, p. 37	Kadian (morphine) – see Table 8, p. 40
interferon alfa-2a – see Table 5, p. 37	Kaletra (lopinavir/ritonavir)
interferon alfa-2b – see Table 5, p. 37	· ·
interferon alfa-2b recombinant/ribavirin – see	Kaochlor (potassium chloride)
Table 5, p. 37	kaolin/pectin *
interferon alfacon-1 – see Table 5, p. 37	Kaon-CI (potassium chloride)
interferon beta-1a – see Table 5, p. 37	Kariva (ethinyl estradiol/desogestrel)
interferon beta-1b – see Table 5, p. 37	Kayexalate # (sodium polystyrene sulfonate)
interferon gamma-1b – see Table 5, p. 37	K-Dur # (potassium chloride)
Intron A (interferon alfa-2b) – see Table 5, p. 37	Keflex # (cephalexin)
Inversine (mecamylamine)	Keftab (cephalexin)
Invirase (saquinavir)	Kefurox # (cefuroxime)
iodine *	Kemadrin (procyclidine)
iodoquinol/hydrocortisone	Kenalog # (triamcinolone) – see Table 16, p. 48
Iopidine (apraclonidine)	Keppra (levetiracetam) – <b>PA (effective 06/02/03)</b> ;
ipratropium, inhalation solution – see Table 23,	see Table 20, p. 52
p. 55	Kerlone # (betaxolol) – see Table 21, p. 53
ipratropium, inhaler – PA > 2 inhalers/month	ketamine
(effective 06/02/03); see Table 23, p. 55	ketoconazole
ipratropium, nasal spray	ketoprofen * – see Table 11, p. 43
irbesartan – <b>PA</b> ; see Table 18, p. 50	ketorolac – see Table 11, p. 43
irbesartan/hydrochlorothiazide – <b>PA</b> ; see Table	ketotifen
18, p. 50	Kineret (anakinra) – <b>PA</b> ; see Table 5, p. 37
irinotecan	Kionex # (sodium polystyrene sulfonate)
iron dextran	Klaron (sulfacetamide)
iron sucrose	Klonopin # (clonazepam) – see Table 20, p. 52
	K-Lor # (potassium chloride)
Ismo # (isosorbide)	Klor-Con # (potassium bicarbonate)
isoetharine – see Table 23, p. 54	Klotrix (potassium iodide)
isoniazid	K-Lyte (potassium bicarbonate)
isopropyl alcohol *	K-Lyte/Cl # (potassium chloride/potassium
Isoptin # (verapamil) – see Table 22, p. 54	bicarbonate)
Isordil # (isosorbide)	Koate-DVI (antihemophilic factor, human)
isosorbide	Kogenate (antihemophilic factor, recombinant)
isotretinoin – see Table 10, p. 42	Konyne 80 (factor IX complex)
isradipine – <b>PA</b> ; see Table 22, p. 54	Kovia (papain/urea)
itraconazole	K-Phos M.F. (potassium phosphate/sodium
Iveegam EN (immune globulin IV, human) – <b>PA</b> ;	phosphate)
see Table 1, p. 33	K-Phos Neutral (potassium phosphate/dibasic
ivermectin	sodium phosphate/monobasic sodium phosphate)
	K-Phos No. 2 (potassium phosphate/sodium
<u>ī</u>	phosphate/phosphorus)
Japanese encephalitis virus vaccine	K-Phos Original (sodium phosphate)
Jenest-28 (ethinyl estradiol/norethindrone)	Kristalose (lactulose)
JE-Vax (Japanese encephalitis virus vaccine)	K-Tab (potassium chloride)
Tax (tapanood andopilando vildo vadano)	Kutapressin (liver derivative complex)
	. tatap. 300m (mon domative domplox)

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K-Vescent Potassium Chloride (potassium Levatol (penbutolol) - PA; see Table 21, p. 53 chloride) Levbid (hvoscvamine) levetiracetam – PA (effective 06/02/03); see Table Kytril (granisetron) 20, p. 52 Levlen # (ethinyl estradiol/levonorgestrel) Levlite (ethinyl estradiol/levonorgestrel) labetalol - see Table 21, p. 53 levobunolol Lac-Hydrin # (ammonium lactate) levocabastine LAClotion (ammonium lactate) levocarnitine lactic acid # Levo-Dromoran # (levorphanol) - see Table 8, p. 40 lactic acid/vitamin E levodopa Lactinol (lactic acid) levofloxacin Lactinol-E (lactic acid/vitamin E) levonorgestrel lactose Levora # (ethinyl estradiol/levonorgestrel) lactulose levorphanol – see Table 8, p. 40 Lamictal (lamotrigine) – see Table 20, p. 52 Levothroid (levothyroxine) Lamisil (terbinafine) levothyroxine lamivudine Levoxyl (levothyroxine) lamivudine/zidovudine Levsin (hyoscyamine) lamotrigine - see Table 20, p. 52 Levsin PB (hyoscyamine/phenobarbital) lanolin \* Levsinex Timecaps # (hyoscyamine) Lanoxicaps (digoxin) Lexapro (escitalopram) – PA; see Table 17, p. 49 Lanoxin # (digoxin) Lexxel (enalapril/felodipine) – PA; see Table 18, lansoprazole - PA > 16 years (except p. 50; see Table 22, p. 54 suspension for LTC members); see Table 3, Lida-Mantle-HC Cream p. 35 (hydrocortisone/lidocaine) lansoprazole/amoxicillin/clarithromycin Lidex # (fluocinonide) – see Table 16, p. 48 Lantus (insulin glargine) lidocaine Lariam (mefloquine) lidocaine patch - PA Larodopa (levodopa) lidocaine/prilocaine Lasix # (furosemide) Lidoderm (lidocaine) - PA latanoprost lindane Lazer Formalyde (formaldehyde) linezolid L-Carnitine (levocarnitine) Lioresal # (baclofen) - see Table 7, p. 39 leflunomide Lioresal Intrathecal (baclofen) – PA; see Table 7, lepirudin - PA p. 39 Lescol (fluvastatin) - see Table 13, p. 45 liothyronine Lescol XL (fluvastatin extended release) - see liothyronine/thyroxine Table 13, p. 45 Liotrix (liothyronine/thyroxine) letrozole Lipitor (atorvastatin) - see Table 13, p. 45 leucovorin Liposyn # (fat emulsion, intravenous) Leukeran (chlorambucil) Lipram (amylase/lipase/protease) Leukine (sargramostim) - PA; see Table 4, p. 36 lisinopril - see Table 18, p. 50 leuprolide - PA; see Table 2, p. 34 lisinopril/hydrochlorothiazide - see Table 18, p. 50 levalbuterol - PA (effective 06/02/03); see lithium Table 23, p. 55 Lithobid (lithium) Levaguin (levofloxacin) Lithostat (acetohydroxamic acid)

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Lufyllin-GG (dyphylline/quaifenesin) liver derivative complex Lumigan (bimatoprost) Livostin (levocabastine) Lo/Ovral # (ethinyl estradiol/norgestrel) Lunelle (estradiol/medroxyprogesterone) Lupron (leuprolide) - PA; see Table 2, p. 34 LoCHOLEST # (cholestyramine) Luride # (sodium fluoride) Locoid (hydrocortisone) – **PA**; see Table 16, p. 48 Luvox # (fluvoxamine) - see Table 17, p. 49 lodaxamide Luxiq (betamethasone) - PA; see Table 16, p. 48 Lodine # (etodolac) - see Table 11, p. 43 Lodosyn (carbidopa) M Loestrin # (ethinyl estradiol/norethindrone) Macrobid (nitrofurantoin) Lomotil # (diphenoxylate/atropine) Macrodantin # (nitrofurantoin) Iomustine mafenide Lonox # (diphenoxylate/atropine) magaldrate \* loperamide \* magnesium carbonate/citric acid/gluconolactone Lopid # (gemfibrozil) magnesium citrate \* lopinavir/ritonavir magnesium gluconate \* Lopressor # (metoprolol) - see Table 21, p. 53 magnesium hydroxide \* Lopressor HCT (metoprolol/hydrochlorothiazide) magnesium trisalicylate \* - see Table 21, p. 53 Malarone (atovaquone/proguanil) Loprox (ciclopirox) Mandelamine (methenamine) Lorabid (loracarbef) maprotiline - see Table 17, p. 49 Ioracarbef Marcaine # (bupivacaine) lorazepam Marinol (dronabinol) - PA Lorcet # (hydrocodone/acetaminophen) – see Marten-tab # (butalbital/acetaminophen) Table 8, p. 40 Matulane (procarbazine) Lortab # (hydrocodone/acetaminophen) - see Mavik (trandolapril) - PA; see Table 18, p. 50 Table 8, p. 40 Maxair (pirbuterol) - PA (effective 06/02/03); see losartan - PA; see Table 18, p. 50 Table 23, p. 55 losartan/hydrochlorothiazide - PA; see Table Maxalt (rizatriptan) - PA; see Table 14, p. 46 18, p. 50 Maxalt-MLT (rizatriptan) orally disintegrating tablet – Lotemax (loteprednol) **PA**; Table 14, p. 46 Lotensin (benazepril) - PA; see Table 18, p. 50 Maxidex (dexamethasone) loteprednol Maxidone (hydrocodone/acetaminophen) – PA; see Lotrel (amlodipine/benazepril) - PA; see Table Table 8, p. 40 18, p. 50; see Table 22, p. 54 Maxipime (cefepime) Lotrimin # (clotrimazole) Maxitrol # (neomycin/polymyxin B/ Lotrisone # (clotrimazole/betamethasone) dexamethasone) Lotronex (alosetron) - PA Maxzide # (triamterene/hydrochlorothiazide) lovastatin – see Table 13, p. 45 Mebaral (mephobarbital) lovastatin extended release - PA; see Table 13, mebendazole p. 45 mecamylamine lovastatin/niacin – PA; see Table 13, p. 45 mechlorethamine Lovenox (enoxaparin) meclizine \* Low-Ogestrel # (ethinyl estradiol/norgestrel) meclofenamate - see Table 11, p. 43 loxapine Medrol # (methylprednisolone) Loxitane # (loxapine) medroxyprogesterone Lozol # (indapamide)

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medroxyprogesterone/estrogen, conjugated methenamine/benzoic acid/atropine/ mefenamic acid – PA; see Table 11, p. 43 hvoscvamine/methylene blue methenamine/benzoic acid/atropine/ mefloquine Mefoxin # (cefoxitin) hyoscyamine/phenyl salicylate/methylene blue Megace # (megestrol) methenamine/benzoic acid/atropine/ megestrol hyoscyamine/saldol/methylene blue methenamine/hyoscyamine/methylene blue Mellaril # (thioridazine) methenamine/sodium acid phosphate meloxicam - PA < 60 years; see Table 11, p. 43 melphalan Methergine (methylergonovine) methimazole Menest (estrogens, esterified) meningococcal polysaccharide vaccine Methitest (methyltestosterone) Menomune-A/C/Y/W-135 (meningococcal methocarbamol – see Table 7, p. 39 polysaccharide vaccine) methotrexate Mentax (butenafine) methoxsalen mepenzolate methscopolamine meperidine - see Table 8, p. 40 methsuximide - see Table 20, p. 52 methyclothiazide mephobarbital Mephyton (phytonadione) methyclothiazide/deserpidine methyldopa meprobamate methyldopa/hydrochlorothiazide meprobamate/aspirin Mepron (atovaquone) methylergonovine mercaptopurine Methylin # (methylphenidate) Meridia (sibutramine) - PA methylphenidate methylprednisolone meropenem Merrem (meropenem) methyltestosterone mesalamine methysergide mesna metipranolol Mesnex (mesna) metoclopramide mesoridazine metolazone Mestinon # (pyridostigmine) metoprolol – see Table 21, p. 53 Metadate # (methylphenidate) metoprolol /hydrochlorothiazide - see Table 21, p. Metaglip (metformin/glipizide) - PA metaproterenol, inhalation solution – see Table Metrocream (metronidazole) Metrogel (metronidazole) 23, p. 55 metaproterenol, inhaler - PA (effective Metrolotion (metronidazole) 06/02/03); see Table 23, p. 55 metronidazole metaxalone - see Table 7, p. 39 metyrosine Mevacor # (lovastatin) - see Table 13, p. 45 metformin metformin extended release mexiletine metformin/glipizide - PA Mexitil # (mexiletine) metformin/glyburide - PA Miacalcin # (calcitonin, salmon) metformin/rosiglitazone - PA Micanol (anthralin)

Methadose # (methadone) - see Table 8, p. 40

methamphetamine - PA

methadone - see Table 8, p. 40

methazolamide methenamine

Micardis (telmisartan) - PA; see Table 18, p. 50

miconazole \*

MICRhoGAM (Rho(D) immune globulin IM micro-

dose) - see Table 1, p. 33

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Microgestin Fe # (ethinyl estradiol/ montelukast - PA > 16 years (effective 06/02/03) norethindrone) Monurol (fosfomycin) Micro-K # (potassium chloride) moricizine Micronase # (glyburide) morphine - see Table 8, p. 40 Micronor (norethindrone) morphine extended-release - PA; see Table 8, p. 40 Microzide # (hydrochlorothiazide) Motofen (atropine/difenoxin) Midamor # (amiloride) Motrin # (ibuprofen \*) - see Table 11, p. 43 midazolam moxifloxacin midodrine MS Contin # (morphine) - see Table 8, p. 40 MS/L (morphine) - see Table 8, p. 40 miglitol – PA (effective 06/02/03) Migranal (dihydroergotamine) MSIR (morphine) - see Table 8, p. 40 MS/S (morphine) - see Table 8, p. 40 mineral oil \* Mini-Gamulin Rh (Rho(D) immune globulin IM Mucomyst # (acetylcysteine) micro-dose) - see Table 1, p. 33 Mucomyst-10 (acetylcysteine) Minitran # (nitroglycerin) multivitamins \* Minizide (prazosin/polythiazide) - see Table 19, multivitamins/minerals \* p. 51 mupirocin Minocin # (minocycline) Murocoll-2 (scopolamine/phenylephrine) minocycline Muse (alprostadil) - PA; see Table 6, p. 38 minoxidil Mustargen (mechlorethamine) Mintezol (thiabendazole) Myambutol # (ethambutol) Miralax (polyethylene glycol-electrolyte solution) Mycobutin (rifabutin) Mirapex (pramipexole) Mycogen (nystatin/triamcinolone) Mycolog II # (nystatin/triamcinolone) Mircette # (ethinyl estradiol/desogestrel) mirtazapine - see Table 17, p. 49 mycophenolate mirtazapine, orally disintegrating tablet - see Mycostatin # (nystatin) Table 17, p. 49 Mydfrin (phenylephrine) misoprostol Mydriacyl # (tropicamide) mitomycin Myobloc (botulinum toxin type B) - PA Mysoline # (primidone) - see Table 20, p. 52 mitoxantrone Moban (molindrone) Mobic (meloxicam) - PA < 60 years; see Table 11, p. 43 Nabi-HB (hepatitis B immune globulin, human) – see modafinil Table 1, p. 33 Modicon # (ethinyl estradiol/norethindrone) nabumetone - see Table 11, p. 43 Moduretic # (amiloride/hydrochlorothiazide) nadolol – see Table 21, p. 53 moexipril – **PA**; see Table 18, p. 50 nadolol/bendroflumethiazide - see Table 21, p. 53 moexipril/hydrochlorothiazide - PA; see Table nafarelin 18, p. 50 nafcillin molindone naftifine mometasone o - see Table 16, p. 48 Naftin (naftifine) Monarc-M (antihemophilic factor, human) nalbuphine Monoclate-P (antihemophilic factor, human) Nalfon # (fenoprofen) – see Table 11, p. 43 Monodox # (doxycycline) nalidixic acid Monoket # (isosorbide) Nallpen (nafcillin) Mononine (factor IX, human) naloxone Monopril (fosinopril) - PA; see Table 18, p. 50

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naltrexone niacin \* nandrolone niacin/lovastatin - PA; see Table 13, p. 45 naphazoline niacinamide \* Naprosyn # (naproxen \*) - see Table 11, p. 43 nicardipine - see Table 22, p. 54 nicotinic acid \* naproxen \* - see Table 11, p. 43 Naqua (trichlormethiazide) Nifedical (nifedipine) - see Table 22, p. 54 naratriptan - PA; see Table 14, p. 46 nifedipine - see Table 22, p. 54 Nardil (phenelzine) - see Table 17, p. 49 Nilandron (nilutamide) Nasacort (triamcinolone) Nilstat # (nystatin) Nasalide (flunisolide) nilutamide Nasarel (flunisolide) nimodipine - see Table 22, p. 54 Nasonex (mometasone) Nimotop (nimodipine) - see Table 22, p. 54 nateglinide - PA (effective 06/02/03) nisoldipine - PA; see Table 22, p. 54 Navane # (thiothixene) nitisinone Navelbine (vinorelbine) Nitrek # (nitroglycerin) Nebcin # (tobramycin) Nitro-Bid # (nitroglycerin) Nebupent (pentamidine) Nitrodisc (nitroglycerin) Necon # (ethinyl estradiol/norethindrone) Nitro-Dur # (nitroglycerin) nedocromil, inhaler - PA > 2 inhalers/month nitrofurantoin (effective 06/02/03); see Table 23, p. 55 nitrofurazone nedocromil ophthalmic nitroglycerin nefazodone - PA; see Table 17, p. 49 Nitrol (nitroglycerin) NegGram # (nalidixic acid) Nitrolingual (nitroglycerin) nelfinavir Nitroguick (nitroglycerin) Nelova # (ethinyl estradiol/norethindrone) Nitrostat # (nitroglycerin) Nembutal # (pentobarbital) Nitrotab (nitroglycerin) Neo-Decadron (dexamethasone/neomycin) Nitro-Time (nitroglycerin) neomycin \* nizatidine - see Table 3, p. 35 neomycin/polymyxin B/dexamethasone Nizoral # (ketoconazole) neomycin/polyxmyxin B/gramicidin Nolvadex # (tamoxifen) neomycin/polymyxin B/hydrocortisone nonoxynol-9 \* neomycin/polymyxin B/prednisolone Norco # (hydrocodone/acetaminophen) - see Neoral (cyclosporine) Table 8, p. 40 Nordette # (ethinyl estradiol/levonorgestrel) Neosar # (cyclophosphamide) Neosporin Ophthalmic Solution # Norditropin (somatropin) - PA; see Table 9, p. 41 (neomycin/polymyxin B/gramicidin) norethindrone neostigmine Norflex # (orphenadrine) - see Table 7, p. 39 Neptazane # (methazolamide) norfloxacin Neulasta (pegfilgrastim) - PA; see Table 4, Norgesic # (orphenadrine/aspirin/caffeine) - see Table 7, p. 39 p. 36 Norgestimate/ethinyl estradiol Neumega (oprelvekin) - PA; see Table 4, p. 36 Neupogen (filgrastim) - PA; see Table 4, p. 36 norgestrel Neurontin (gabapentin) - PA (effective Norinyl # (ethinyl estradiol/norethindrone) Noritate (metronidazole) **06/02/03)**; see Table 20, p. 52 Normodyne # (labetalol) - see Table 21, p. 53 nevirapine Nexium (esomeprazole) – **PA**; see Table 3, Noroxin (norfloxacin) p. 35 Norpace # (disopyramide)

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Norpramin # (desipramine) - see Table 17, p. 49 Oralone # (triamcinolone) Nor-Q-D # (norethindrone) Oramorph SR (morphine) - see Table 8, p. 40 Nortrel (ethinyl estradiol/norethindrone) Orap (pimozide) nortriptyline - see Table 17, p. 49 Orapred (prednisolone) Norvasc (amlodipine) – PA; see Table 22, p. 54 Orasone (prednisone) Norvir (ritonavir) Oretic # (hydrochlorothiazide) Novantrone (mitoxantrone) – see Table 5, p. 37 Orfadin (nitisinone) orlistat - PA Novoseven (eptacog alfa) Nulev (hyoscyamine) orphenadrine - see Table 7, p. 39 NuLytely (polyethylene glycol-electrolyte orphenadrine/aspirin/caffeine - see Table 7, p. 39 solution) Orphengesic # (orphenadrine/aspirin/caffeine) – see Numorphan (oxymorphone) – see Table 8, p. 40 Table 7, p. 39 Nutropin (somatropin) - PA; see Table 9, p. 41 Ortho-Cept # (ethinyl estradiol/desogestrel) Nutropin AQ (somatropin) - PA; see Table 9, Ortho-Cyclen (ethinyl estradiol/norgestimate) Ortho-Dienestrol (dienestrol) p. 41 NuvaRing (etonogestrel/ethinyl estradiol) Ortho-Est # (estropipate) nvstatin Ortho-Evra (ethinyl estradiol/norelgestromin) Ortho-Novum # (ethinyl estradiol/norethindrone) nystatin/neomycin/triamcinolone/gramicidin nystatin/triamcinolone Ortho-Prefest (estradiol/norgestimate) OrthoTri-Cyclen (ethinyl estradiol/norgestimate) OrthoTri-Cyclen Lo (ethinyl estradiol/ 0 norgestimate) octreotide - PA Orudis # (ketoprofen \*) - see Table 11, p. 43 Ocufen # (flurbiprofen) Oruvail # (ketoprofen \*) - see Table 11, p. 43 Ocuflox (ofloxacin) oseltamivir - PA > 10 capsules/month Ocupress # (carteolol) Osmoglyn (glycerin) Ocusulf-10 # (sulfacetamide) Oticaine (benzocaine) ofloxacin Otocain (benzocaine) Ogen # (estropipate) Ovcon (ethinyl estradiol/norethindrone) Ogestrel # (ethinyl estradiol/norgestrel) Ovide (malathion) olanzapine Ovral # (ethinyl estradiol/norgestrel) olmesartan - PA; see Table 18, p. 50 Ovrette (norgestrel) olopatadine oxacillin olsalazine oxaliplatin Olux (clobetasol) – PA; see Table 16, p. 48 Oxandrin (oxandrolone) omeprazole – **PA**; see Table 3, p. 35 oxandrolone Omnicef (cefdinir) oxaprozin - see Table 11, p. 43 Omnipen # (ampicillin) oxazepam OMS (morphine) - see Table 8, p. 40 oxcarbazepine - see Table 20, p. 52 ondansetron oxiconazole Onxol # (paclitaxel) Oxistat (oxiconazole) muigo Oxsoralen (methoxsalen) oprelvekin - PA; see Table 4, p. 36 Oxsoralen-Ultra (methoxsalen) Opticrom # (cromolyn) oxvbutinin Optimine (azatadine) - PA; see Table 12, p. 44 oxycodone - see Table 8, p. 40 Optipranolol # (metipranolol)

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Note: Any drug that does not appear on the List requires prior authorization.

Optivar (azelastine)

oxycodone controlled release – PA > 90 tablets/month; PA > 240 mg/day;	paregoric paricalcitol
see Table 8, p. 40	Parlodel # (bromocriptine)
oxycodone/acetaminophen – see Table 8, p. 40	Parnate (tranylcypromine) – see Table 17, p. 49
oxycodone/aspirin – see Table 8, p. 40	paromomycin
OxyContin (oxycodone controlled release) – <b>PA</b>	paroxetine – <b>PA</b> ; see Table 17, p. 49
> 90 tablets/month; PA > 240 mg/day;	Patanol (olopantadine)
see Table 8, p. 40	Paxil (paroxetine) – <b>PA</b> ; see Table 17, p. 49
Oxydose (oxycodone) – see Table 8, p. 40	PBZ # (tripelennamine) – see Table 12, p. 49
OxyFast (oxycodone) – see Table 8, p. 40	PCE Dispertab (erythromycin)
Oxy IR (oxycodone) – see Table 8, p. 40	Pediapred # (prednisolone)
oxymetholone	pediatric multivitamins *
oxymorphone	Pedi-Dri (nystatin)
oxytetracycline/polymyxin B	Pediotic # (neomycin/polymyxin B/
oxytocin	hydrocortisone)
OXY (OGIT)	Peganone (ethotoin) – see Table 20, p. 52
<u>P</u>	Pegasys (peginterferon alfa-2a) – see Table 5, p. 37
	pegfilgrastim – <b>PA</b> ; see Table 4, p. 36
P2E1 (pilocarpine/epinephrine)	peginterferon alfa-2a – see Table 5, p. 37
Pacerone # (amiodarone)	peginterferon alfa-2b – see Table 5, p. 37
paclitaxel	PEG-Intron (peginterferon alfa-2b) – see Table 5,
palivizumab – <b>PA</b>	p. 37
Pamelor # (nortriptyline) – see Table 17, p. 49	Pemadd # (pemoline)
pamidronate	pemirolast
Pamine (methscopolamine)	pemoline
Panafil (papain/urea/chlorophyllin/copper	penbutolol – <b>PA</b> ; see Table 21, p. 53
complex)	penciclovir
Pancrease (amylase/lipase/protease)	penicillamine
Pancrecarb (amylase/lipase/protease)	penicillin G
Pancrelipase (amylase/lipase/protease)	penicillin V
Pancron (amylase/lipase/protease) Pandel (hydrocortisone) – <b>PA</b> ; see Table 16, p.	Penlac (ciclopirox)
48	pentamidine
Pangestyme (amylase/lipase/protease)	Pentasa (mesalamine)
Panglobulin (immune globulin IV, human) – <b>PA</b> ;	pentazocine
see Table 1, p. 33	pentazocine/acetaminophen
Panokase (amylase/lipase/protease)	pentazocine/naloxone
Panretin (alitretinoin) – <b>PA</b> ; see Table 10, p. 42	pentosan
pantoprazole – see Table 3, p. 35	pentoxifylline
papain/urea	Pentoxil # (pentoxifylline)
papain/urea/chlorophyllin	Pepcid # (famotidine *) – see Table 3, p. 35
papain/urea/chlorophyllin/copper complex	P-Ephrine (phenylephrine)
papaverine	Percocet (oxycodone/acetaminophen) – <b>PA</b> ; see
Parafon Forte DSC # (chlorzoxazone) – see	Table 8, p. 40 Percodan # (oxycodone/aspirin) – see Table 8, p. 40
Table 7, p. 39	pergolide
Paragard (copper IUD)	Periactin # (cyproheptadine) – see Table 12,
Paraplatin (carboplatin)	p. 44
	P: 11

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perindopril - PA; see Table 18, p. 50 Pneumovax (pneumococcal vaccine) Periostat (doxycycline) Pnu-Imune # (pneumococcal vaccine) podofilox Permapen (penicillin G) Permax # (pergolide) Polaramine # (dexchlorpheniramine) – see Table 12, permethrin \* perphenazine Polycitra (citric acid/sodium citrate/potassium citrate) petrolatum \* Polycitra-K (citric acid/potassium citrate) Pfizerpen # (penicillin G) Polycitra-LC (citric acid/sodium citrate/potassium Pharmaflur (sodium fluoride) citrate) phenazopyridine polyethylene glycol-electrolyte solution phenelzine - see Table 17. p. 49 Polygam S/D (immune globulin IV, human) – **PA**; Phenergan # (promethazine) – see Table 12, p. see Table 1, p. 33 polymyxin B phenobarbital - see Table 20, p. 52 Poly-Pred (neomycin/polymyxin B/prednisolone) phentolamine polythiazide phenylephrine Polytrim # (trimethoprim/polymyxin B) phenyltoloxamine/pyrilamine/pheniramine/ Ponstel (mefenamic acid) – **PA**; see Table 11, p. 43 pseudoephedrine - see Table 12, p. 44 Portia (levonorgestrel/ethinyl estradiol) Phenytek (phenytoin) - see Table 20, p. 52 potassium bicarbonate phenytoin - see Table 20, p. 52 potassium chloride/potassium bicarbonate potassium chloride/sodium chloride/sodium Phisohex (hexachlorophene) Phos-Flur (sodium fluoride) bicarbonate Phoslo (calcium acetate) potassium citrate Phospholine Iodide (echothiophate) potassium citrate/citric acid Phrenilin # (butalbital/acetaminophen) potassium citrate/sodium citrate/citric acid phytonadione potassium iodide Pilocar # (pilocarpine) potassium phosphate pilocarpine potassium phosphate/dibasic sodium pilocarpine/epinephrine phosphate/monobasic sodium phosphate Pilopine (pilocarpine) potassium phosphate/sodium phosphate Piloptic (pilocarpine) potassium phosphate/sodium phosphate/phosphorus pimecrolimus povidone \* pimozide pindolol - see Table 21, p. 53 pramipexole pioglitazone Pramosone # (pramoxine/hydrocortisone) pramoxine/hydrocortisone piperacillin/tazobactam pirbuterol - PA (effective 06/02/03); see Table Prandin (repaglinide) - PA (effective 06/02/03) 23, p. 55 Pravachol (pravastatin) - PA; see Table 13, piroxicam - see Table 11, p. 43 Plan B (levonorgestrel) pravastatin - PA; see Table 13, p. 45 Plaquenil # (hydroxychloroquine) prazosin - see Table 19, p. 51 Platinol-AQ # (cisplatin) prazosin/polythiazide - see Table 19, p. 51 Plavix (clopidogrel) Precose (acarbose) - PA (effective 06/02/03) Plendil (felodipine) - PA: see Table 22, p. 54 Pred-Forte # (prednisolone) Pletal (cilostazol) Pred-G (prednisolone/gentamicin) Plexion (sulfacetamide/sulfur) prednicarbate - PA; see Table 16, p. 48 pneumococcal vaccine prednisolone

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prednisolone/gentamicin Prolixin # (fluphenazine) Proloprim # (trimethoprim) prednisone Prelone # (prednisolone) promethazine - see Table 12, p. 44 Premarin (estrogens, conjugated) promethazine/phenylephrine - see Table 12, Premphase (medroxyprogesterone/estrogens, conjugated) Promethegan (promethazine) Prempro (medroxyprogesterone/estrogens, Prometrium (progesterone) conjugated) Pronestyl # (procainamide) prenatal vitamins \* propafenone Prevacid (lansoprazole) capsules - PA > 16 propantheline vears: see Table 3. p. 35 Propine # (dipivefrin) Proplex T (factor IX complex) Prevacid (lansoprazole) suspension - PA > 16 vears (except for LTC members); see propoxyphene - see Table 8, p. 40 Table 3, p. 35 propoxyphene napsylate - see Table 8, p. 40 Prevalite # (cholestyramine) propoxyphene napsylate/acetaminophen - see Preven (ethinyl estradiol/levonorgestrel) Table 8, p. 40 Prevident (sodium fluoride) propranolol - see Table 21, p. 53 propranolol/hydrochlorothiazide – see Table 21, p. Prevpac (lansoprazole/amoxicillin/ clarithromycin) Prilosec (omeprazole) - PA; see Table 3, p. 35 propylthiouracil primaquine Proscar (finasteride) - PA Primaxin (imipenem/cilastatin) Prosed/DS (methenamine/benzoic primidone - see Table 20, p. 52 acid/atropine/hyoscyamine/saldol/methylene blue) ProSom # (estazolam) - PA > 10 units/month; see Primsol (trimethoprim) Principen # (ampicillin) Table 15, p. 47 Prinivil # (lisinopril) - see Table 18, p. 50 Prostigmin (neostigmine) Prinzide # (lisinopril/hydrochlorothiazide) – see Protonix (pantoprazole) – see Table 3, p. 35 Table 18, p. 50 Protopic (tacrolimus) Proamatine (midodrine) protriptyline - see Table 17, p. 49 Protropin (somatrem) - PA; see Table 9, p. 41 probenecid Proventil # probenecid/colchicine procainamide Proventil, inhaler (albuterol) - PA (effective Procanbid (procainamide) **06/02/03)**; see Table 23, p. 55 Provera # (medroxyprogesterone) procarbazine Procardia # (nifedipine) - see Table 22, p. 54 Provigil (modafinil) Prozac # (fluoxetine) - see Table 17, p. 49 prochlorperazine Procrit (epoetin alfa) – PA; see Table 4, p. 36 Prozac Weekly (fluoxetine) – PA; see Table 17, p. Proctocort # (hydrocortisone) 49 Proctocream-HC # (pramoxine/hydrocortisone) Prudoxin (doxepin) Proctofoam-HC (pramoxine/hydrocortisone) pseudoephedrine \* Procto-Kit # (hydrocortisone) Psorcon # (diflorasone) - see Table 16, p. 48 Proctozone-HC # (hydrocortisone) psyllium \* procyclidine Pulmicort (budesonide), inhalation suspension - see Profilnine SD (factor IX complex) Table 23, p. 55 progesterone Pulmicort (budesonide), inhaler - PA > 1 Proglycem (diazoxide) inhaler/month (effective 06/02/03); see Table 23, Prograf (tacrolimus) p. 55

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Pulmozyme (dornase alpha) Recombivax HB (hepatitis B, recombinant vaccine) Refacto (antihemophilic factor, recombinant) Purinethol (mercaptopurine) pyrazinamide Refludan (lepirudin) - PA Pyridium (phenazopyridine) Regitine (phentolamine) pyridostigmine bromide Reglan # (metoclopramide) pyridoxine \* Regranex (becaplermin) pyrilamine/phenylephrine - see Table 12, p. 44 Relafen # (nabumetone) - see Table 11, p. 43 Relenza (zanamivir) – PA > 20 units/month pyrimethamine Relpax (eletriptan) - PA; see Table 14, p. 46 Remeron # (mirtazapine) - see Table 17, p. 49 Q Remeron Sol Tab (mirtazapine, orally disintegrating quazepam - PA; see Table 15, p. 47 tablets) - see Table 17, p. 49 Questran # (cholestyramine) Remicade (infliximab) - PA; see Table 5, p. 37 quetiapine Reminyl (galantamine) Quibron (theophylline/guafenesin) Remular-S # (chlorzoxazone) Quibron-T/SR (theophylline) Renacidin (magnesium carbonate/citric quinacrine acid/gluconolactone) Quinaglute # (quinidine) Renagel (sevelamer) quinapril - PA; see Table 18, p. 50 Renese (polythiazide) quinapril/hydrochlorothiazide - PA; see Table repaglinide - PA (effective 06/02/03) 18, p. 50 Repan # (butalbital/acetaminophen/caffeine) Quinidex # (quinidine) Repan-CF # (butalbital/acetaminophen) quinidine Requip (ropinirole) auinine Rescriptor (delavirdine) Quixin (levofloxacin) Rescula (unoprostone) Qvar (beclomethasone) - PA > 3 reserpine inhalers/month (effective 06/02/03); see RespiGam (respiratory syncytial virus immune Table 23, p. 55 globulin IV) - PA; see Table 1, p. 33 respiratory syncytial virus immune globulin IV - PA; see <u>R</u> Table 1, p. 33 Restoril # (temazepam) - PA > 10 units/month; see Rabavert (rabies vaccine) Table 15, p. 47 rabeprazole - PA; see Table 3, p. 35 Retin-A # (tretinoin) – PA > 25 years; see Table 10, rabies immune globulin IM. human - see Table 1, p. 33 p. 42 Retinol \* rabies vaccine Retrovir (zidovudine) Radiacare (oxybenzone/pedimate) Revia # (naltrexone) raloxifene Rheumatrex # (methotrexate) ramipril – PA; see Table 18, p. 50 ranitidine \* - see Table 3, p. 35 Rhinocort (budesonide) Rho(D) immune globulin IM - see Table 1, p. 33 Rapamune (sirolimus) rasburicase Rho(D) immune globulin IM micro-dose – see Rebetol (ribavirin) Table 1, p. 33 Rebetron (interferon alfa-2b/ribavirin) – see Rho(D) immune globulin IV, human – see Table 1, Table 5, p. 37 RhoGAM (Rho(D) immune globulin IM) - see Rebif (interferon beta-1a) – see Table 5, p. 37 Table 1, p. 33 Recombinate (antihemophilic factor, recombinant) ribavirin

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riboflavin * Ridaura (auranofin) rifabutin Rifadin # (rifampin) Rifamate (rifampin/isoniazid) rifampin rifampin/isoniazid Rilutek (riluzole) riluzole Rimactane # (rifampin) rimantadine rimexolone risedronate Risperdal (risperidone) risperidone Ritalin # (methylphenidate) ritonavir ritonavir/lopinavir Rituxan (rituximab) rituximab rivastigmine rizatriptan - PA; see Table 14, p. 46 rizatriptan, orally disintegrating tablets - PA; see Table 14, p. 46 RMS (morphine) - see Table 8, p. 40 Robaxin # (methocarbamol) - see Table 7, p. 39 Robinul # (glycopyrrolate) Rocaltrol # (calcitriol) Rocephin (ceftriaxone) rofecoxib - PA < 60 years; see Table 11, p. 43 Roferon-A (interferon alfa-2a) - see Table 5, p. 37 ropinirole	Saizen (somatropin) – PA; see Table 9, p. 41 Salagen (pilocarpine) salicylic acid/sulfur colloidal salmeterol – PA > 2 inhalers/month, 2 x 60 diskus/month, 3 x 28 diskus/month (effective 06/02/03); see Table 23, p. 55 salsalate Sal-Tropine (atropine) Sandimmune # (cyclosorpine) Sandoglobulin (immune globulin IV, human) – PA; see Table 1, p. 33 Sandostatin (octreotide) – PA Sansert (methysergide) Santyl (collagenase) saquinavir Sarafem (fluoxetine) – PA; see Table 17, p. 49 sargramostim – PA; see Table 4, p. 36 scopolamine scopolamine/phenylephrine secobarbital secobarbital/smobarbital Seconal # (secobarbital) Sectral # (acebutolol) – see Table 21, p. 53 selegiline selenium sulfide * Semprex-D (acrivastine/pseudoephedrine) – PA; see Table 12, p. 44 senna * Sensorcaine # (bupivacaine) Septra # (trimethoprim/sulfamethoxazole) Serax # (oxazepam)
	saquinavir
ritonavir/lopinavir Rituxan (rituximab) rituximab rivastigmine rizatriptan – PA; see Table 14, p. 46 rizatriptan, orally disintegrating tablets – PA; see Table 14, p. 46 RMS (morphine) – see Table 8, p. 40 Robaxin # (methocarbamol) – see Table 7, p. 39 Robinul # (glycopyrrolate) Rocaltrol # (calcitriol) Rocephin (ceftriaxone) rofecoxib – PA < 60 years; see Table 11, p. 43 Roferon-A (interferon alfa-2a) – see Table 5, p. 37	sargramostim – PA; see Table 4, p. 36 scopolamine scopolamine/phenylephrine secobarbital secobarbital/amobarbital Seconal # (secobarbital) Sectral # (acebutolol) – see Table 21, p. 53 selegiline selenium sulfide * Semprex-D (acrivastine/pseudoephedrine) – PA; see Table 12, p. 44 senna * Sensorcaine # (bupivacaine) Septisol (hexachlorophene) Septra # (trimethoprim/sulfamethoxazole)
Roxicet (oxycodone/acetaminophen) – see Table 8, p. 40 Roxicodone (oxycodone) – see Table 8, p. 40 Roxiprin (oxycodone/aspirin) – see Table 8, p. 40 Rx-Otic (antipyrine/benzocaine) Rythmol # (propafenone)	Serostim (somatropin) – <b>PA</b> ; see Table 9, p. 41 sertraline – <b>PA</b> ; see Table 17, p. 49 Serzone (nefazodone) – <b>PA</b> ; see Table 17, p. 49 sevelamer Shohl's Solution (sodium citrate/citric acid) sibutramine – <b>PA</b> Sildec (carbinoxamine/pseudoephedrine) sildenafil – <b>PA</b> ; see Table 6, p. 38

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Silvadene # (silver sulfadiazine) Stromectol (ivermectin) silver sulfadiazine succimer simethicone \* sucralfate simvastatin - PA; see Table 13, p. 45 Sular (nisoldipine) - PA; see Table 22, p. 54 Sinemet # (carbidopa/levodopa) sulconazole Sineguan # (doxepin) - see Table 17, p. 49 sulfacetamide Singulair (montelukast) - PA > 16 years sulfacetamide/prednisolone (effective 06/02/03) sulfacetamide/sulfur sirolimus Sulfacet-R (sulfacetamide/sulfur) Skelaxin (metaxalone) – see Table 7, p. 39 sulfadiazine Skelid (tiludronate) Sulfamide (sulfacetamide) Sulfamylon (mafenide) Slo-Bid # (theophylline) Slo-Phyllin (theophylline) sulfanilamide sodium bicarbonate \* sulfasalazine sodium chloride solution for inhalation \* Sulfatrim # (trimethoprim/sulfamethoxazole) sodium citrate/citric acid Sulfazine # (sulfasalazine) sodium ferric gluconate complex sulfinpyrazone sodium fluoride sulfisoxazole Sulfoxyl (benzoyl peroxide/sulfur) sodium phenylbutyrate sodium phosphate sulindac - see Table 11, p. 43 sodium polystyrene sulfonate sumatriptan - PA; see Table 14, p. 46 Solaraze (diclofenac) sumatriptan, injection - PA > six units/month; see Solganal (aurothioglucose) Table 14, p. 46 Solu-Cortef # (hydrocortisone) Sumycin # (tetracycline) Solu-Medrol # (methylprednisolone) Suprax (cefixime) Soma # (carisoprodol) - see Table 7, p. 39 Surmontil (trimipramine) - see Table 17, p. 49 somatrem - PA; see Table 9, p. 41 Sustiva (efavirenz) somatropin - PA; see Table 9, p. 41 Symmetrel # (amantadine) Somnote (chloral hydrate) Synagis (palivizumab) - PA Sonata (zaleplon) - PA > 10 units/month; see Synalar # (fluocinolone) - see Table 16, p. 48 Table 15, p. 47 Synalgos-DC (dihydrocodeine/aspirin/caffeine) Sorbitrate # (isosorbide) Synarel (nafarelin) Soriatane (acitretin) – see Table 10, p. 42 Synthroid (levothyroxine) sotalol – see Table 21, p. 53 Synvisc (hylan polymers) - PA Spectazole (econazole) Syprine (trientine) Spectracef (cefditoren) spironolactone Т spironolactone/hydrochlorothiazide tacrine Sporanox (itraconazole) tacrolimus SPS # (sodium polystyrene sulfonate) Tagamet # (cimetidine \*) - see Table 3, p. 35 SSKI (potassium iodide) Talacen # (pentazocine/acetaminophen) Stadol, injection # (butorphanol) Talwin (pentazocine) Stadol, nasal spray (butorphanol) - PA Tambocor (flecainide) stanozolol

Tamiflu (oseltamivir) – PA > 10 capsules/month

tamoxifen

tamsulosin - PA; see Table 19, p. 51

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Starlix (nateglinide) - PA (effective 06/02/03)

Stelazine # (trifluoperazine)

Stimate (desmopressin)

TAO (troleandomycin) Teveten (eprosartan) – PA; see Table 18, p. 50 Tapazole # (methimazole) Texacort # (hydrocortisone) - see Table 16, p. 48 Targretin (bexarotene) thalidomide - see Table 5, p. 37 Tarka (trandolapril/verapamil) – PA; see Table Thalitone (chlorthalidone) 18, p. 50; see Table 22, p. 54 Thalomid (thalidomide) – see Table 5, p. 37 Tasmar (tolcapone) Theo-24 (theophylline) Tavist # (clemastine) - see Table 12, p. 44 Theochron # (theophylline) Taxol # (paclitaxel) Theo-Dur # (theophylline) Taxotere (docetaxel) Theolair (theophylline) tazarotene - PA > 25 years; see Table 10, p. 42 Theolair-SR # (theophylline) Tazicef # (ceftazidime) Theolate (theophylline/quaifenesin) Tazidime # (ceftazidime) theophylline Tazorac (tazarotene) – PA > 25 years; see theophylline/quaifenesin Table 10, p. 42 theophylline/potassium iodide TBC # (trypsin/balsam peru/castor oil) Thera-Flur-N (sodium fluoride) tegaserod - PA Thermazene # (silver sulfadiazine) Tegison (etretinate) – see Table 10, p. 42 thiabendazole Tegretol # (carbamazepine) - see Table 20, p. thiamine \* 52 thiethylperazine telmisartan - PA; see Table 18, p. 50 thioguanine temazepam - PA > 10 units/month; see Table Thiola (tiopronin) 15, p. 47 thioridazine Temodar (temozolomide) thiothixene Temovate # (clobetasol) - see Table 16, p. 48 Thorazine # (chlorpromazine) temozolomide Thymoglobulin (antithymocyte globulin, rabbit) – see Tenex # (guanfacine) Table 1, p. 33 tenofovir thyroid Tenoretic # (atenolol/chlorthalidone) - see Table Thyrolar (liotrix) 21, p. 53 Thyrox (levothyroxine) Tenormin # (atenolol) - see Table 21, p. 53 tiagabine - PA (effective 06/02/03); see Table 20, Tequin (gatifloxacin) p. 52 Terak (oxytetracycline/polymyxin B) Tiazac (diltiazem) – see Table 22, p. 54 Terazol (terconazole) ticarcillin/clavulanate TICE BCG (BCG vaccine) terazosin – see Table 19, p. 51 Ticlid # (ticlopidine) terbinafine terbutaline ticlopidine Tigan # (trimethobenzamide) terconazole Tikosyn (dofetilide) teriparatide – PA Teslac (testolactone) Tilade (nedocromil) - PA > 2 inhalers/month Tessalon # (benzonatate) (effective 06/02/03); see Table 23, p. 55 Testoderm (testosterone) tiludronate testolactone Timentin (ticarcillin/clavulanate) testosterone Timolide (timolol/hydroclorothiazide) - see Table 21, Testred (methyltestosterone) p. 53 tetanus immune globulin IM, human - see timolol - see Table 21, p. 53 timolol/hydroclorothiazide - see Table 21, p. 53 Table 1, p. 33 tetracycline Timoptic # (timolol)

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- Prior-authorization status depends on the drug's formulation.

tiopronin Travatan (travoprost) tizanidine - see Table 7, p. 39 travoprost TOBI (tobramycin/sodium chloride) trazodone - see Table 17, p. 49 TobraDex (tobramycin/dexamethasone) Trelstar (triptorelin) - PA; see Table 2, p. 34 tobramvcin Trental # (pentoxifylline) tobramycin/dexamethasone tretinoin - PA > 25 years; see Table 10, p. 42 tobramycin/sodium chloride Trexall (methotrexate) triamcinolone Tobrex # (tobramycin) tocainide triamcinolone, inhaler - PA > 2 inhalers/month (effective 06/02/03); see Table 23, p. 55 Tofranil # (imipramine) - see Table 17, p. 49 tolazamide triamcinolone, topical – see Table 16, p. 48 tolbutamide triamterene/hydrochlorothiazide triazolam - PA > 10 units/month; see Table 15, p. tolcapone Tolectin # (tolmetin) - see Table 11, p. 43 Tri-Chlor (trichloroacetic acid) Tolinase # (tolazamide) tolmetin - see Table 11, p. 43 trichlormethiazide tolnaftate \* trichloroacetic acid tolterodine Tricor # (fenofibrate) Tricosal (choline salicylate/magnesium salicylate) Tonocard (tocainide) Topamax (topiramate) - PA (effective trientine 06/02/03); see Table 20, p. 52 triethanolamine Topicort # (desoximetasone) – see Table 16, p. trifluoperazine trifluridine Topicort LP # (desoximetasone) – see Table 16, trihexyphenidyl p. 48 Trilafon # (perphenazine) topiramate - PA (effective 06/02/03); see Table Trileptal (oxcarbazepine) – see Table 20, p. 52 20, p. 52 Tri-Levlen # (ethinyl estradiol/levonorgestrel) Toprol (metoprolol) – see Table 21, p. 53 Trilisate (choline salicylate/magnesium salicylate) Toradol # (ketorolac) - see Table 11, p. 43 trimethobenzamide Torecan (thiethylperazine) trimethoprim trimethoprim/polymyxin B toremifene trimethoprim/sulfamethoxazole torsemide trimipramine – see Table 17, p. 49 T-Phyl (theophylline) Tracleer (bosentan) - PA Trimox # (amoxicillin) Trinalin Repetabs (azatadine/pseudoephedrine) – tramadol PA; see Table 12, p. 44 tramadol/acetaminophen - PA Trandate # (labetalol) - see Table 21, p. 53 Tri-Nasal (triamcinolone) Tri-Norinyl (ethinyl estradiol/norethindrone) trandolapril – PA; see Table 18, p. 50 trandolapril/verapamil - PA; see Table 18, p. 50; tripelennamine - see Table 12, p. 44 see Table 22, p. 54 Triphasil # (ethinyl estradiol/levonorgestrel) triprolidine/pseudoephedrine Transderm-Nitro (nitroglycerin) Transderm-Scop (scopolamine) triptorelin - PA; see Table 2, p. 34 Tranxene T # (clorazepate) – see Table 20, p. Tri-Statin II (nystatin/triamcinolone) Trivora # (ethinyl estradiol/levonorgestrel) 52 tranylcypromine - see Table 17, p. 49 Trizivir (abacavir/lamivudine/zidovudine) trastuzumab troleandomycin Travasol (amino acid & electrolyte IV infusion) tropicamide

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Trusopt (dorzolamide) valacyclovir trvpsin/balsam peru/castor oil Valcyte (valganciclovir) Tuinal (secobarbital/amobarbital) valdecoxib - PA < 60 years; see Table 11, p. 43 Twinrix (hepatitis A, inactived/hepatitis B, valganciclovir recombinant vaccine) Valisone # (betamethasone) – see Table 16, p. 48 Tylenol/codeine # (codeine/acetaminophen) valproate - see Table 20, p. 52 see Table 8, p. 40 valproic acid - see Table 20, p. 52 valsartan - PA; see Table 18, p. 50 Tylox # (oxycodone/acetaminophen) - see valsartan/hydrochlorothiazide - PA; see Table 18, p. Table 8, p. 40 Typhim Vi (typhoid vaccine) typhoid vaccine Valtrex (valacyclovir) Vancenase (beclomethasone) Vanceril (beclomethasone) - PA > 3 <u>U</u> inhalers/month (effective 06/02/03); see Table Ultracet (tramadol/acetaminophen) - PA 23, p. 55 Ultram # (tramadol) Vancocin # (vancomycin) Ultrase (amylase/lipase/protease) Vancoled # (vancomycin) Ultravate (halobetasol) - PA; see Table 16, p. vancomycin 48 Vanoxide-HC (benzoyl peroxide/hydrocortisone) Unasyn (ampicillin/sulbactam) Vantin (cefpodoxime) Uni-Dur (theophylline) varicella-zoster immune globulin IM, human – see Uniphyl (theophylline) Table 1, p. 33 Uniretic (moexipril/hydrochlorothiazide) - PA; Vascor (bepridil) - PA; see Table 22, p. 54 see Table 18, p. 50 Vaseretic # (enalapril/hydrochlorothiazide) - see Unithroid (levothyroxine) Table 18, p. 50 Univasc (moexipril) - PA; see Table 18, p. 50 Vasocidin # (sulfacetamide/prednisolone) unoprostone vasopressin urea Vasotec # (enalapril) - see Table 18, p. 50 urea/sodium proprionate/methionine/cystine/ Veetids # (penicillin V) inositol venlafaxine - PA; see Table 17, p. 49 Urecholine (bethanechol) Venofer (iron sucrose) Urex # (methenamine) Venoglobulin-I (immune globulin IV, human) – **PA**; Urimax (methenamine/hyoscyamine/methylene see Table 1, p. 33 blue) Venoglobulin-S (immune globulin IV, human) – **PA**; Urised (methenamine/benzoic acid/atropine/ see Table 1, p. 33 hyoscyamine/methylene blue) Ventolin # Urispas (flavoxate) Ventolin, inhaler (albuterol) - PA (effective Urocit-K (potassium citrate) **06/02/03)**; see Table 23, p. 55 Uroquid-Acid No. 2 (methenamine/sodium Vepesid # (etoposide) biphosphate) verapamil - see Table 22, p. 54 URSO (ursodiol) Verelan # (verapamil) - see Table 22, p. 54 ursodiol Vermox # (mebendazole) Usept (methenamine/benzoic acid/atropine/ Versed # (midazolam) hyoscyamine/phenylsalicylate/methylene blue) verteporfin Vesanoid (tretinoin) - see Table 10, p. 42 <u>V</u> Vexol (rimexolone) Vagifem (estradiol) Viadur (leuprolide) – **PA**; see Table 2, p. 34

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water for inhalation * Welchol (colesevelam) Wellbutrin # (bupropion) – see Table 17, p. 49 Wellbutrin SR (bupropion sustained release) – see Table 17, p. 49 Westcort # (hydrocortisone) – see Table 16, p. 48 WinRho SDF (Rho(D) immune globulin IV, human) - see Table 1, p. 33 Winstrol (stanozolol) witch hazel * Wycillin (penicillin G)
<u>x</u>
Xalatan (latanoprost) Xanax # (alprazolam) Xeloda (capecitabine) Xenical (orlistat) – PA Xerac AC (aluminum chloride) Xopenex (levalbuterol) – PA (effective 06/02/03); see Table 23, p. 55 Xylocaine # (lidocaine) Xylocaine-MPF # (lidocaine)  Y Yasmin (ethinyl estradiol/drospirenone)  Z Zaditor (ketotifen) zafirlukast – PA > 16 years (effective 06/02/03) zalcitabine zaleplon – PA > 10 units/month; see Table 15, p. 47 Zanaflex # (tizanidine) – see Table 7, p. 39 zanamivir – PA > 20 units/month Zantac # (ranitidine *) – see Table 3, p. 35 Zarontin # (ethosuximide) – see Table 20, p. 52 Zaroxolyn (metolazone) Zebeta # (bisoprolol) – see Table 21, p. 53 Zebutal (butalbital/acetaminophen/caffeine) Zelnorm (tegaserod) – PA Zemplar (paricalcitol) Zerit (stavudine)
Zestoretic # (lisinopril/hydrochlorothiazide) – see
Table 18, p. 50 Zestril # (lisinopril) – see Table 18, p. 50

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Zetia (ezetimibe) - PA Ziac # (bisoprolol/hydrochlorothiazide) – see Table 21, p. 53 Ziagen (abacavir) zidovudine zileuton - PA > 16 years (effective 06/02/03) Zinacef # (cefuroxime) zinc oxide \* zinc sulfate Zincate (zinc sulfate) Ziox (papain/urea/chlorophyllin) ziprasidone Zithromax (azithromycin) Zocor (simvastatin) - PA; see Table 13, p. 45 Zocort HC (chloroxylenol/pramoxine/ hydrocortisone) Zofran (ondansetron) Zoladex (goserelin) - PA; see Table 2, p. 34 zoledronic acid zolmitriptan - PA > six units/month; see Table 14, p. 46 zolmitriptan, orally disintegrating tablets - PA > six units/month; see Table 14, p. 46 Zoloft (sertraline) - PA; see Table 17, p. 49 zolpidem - PA > 10 units/month; see Table 15. p. 47 Zometa (zoledronic acid) Zomig (zolmitriptan) – **PA > six units/month**; see Table 14, p. 46 Zomig-ZMT (zolmitriptan, orally disintegrating tablets) - PA > six units/month; see Table 14, p. 46 Zonalon (doxepin) Zone-A Forte (pramoxine/hydrocortisone) Zonegran (zonisamide) – see Table 20, p. 52 zonisamide – see Table 20, p. 52 Zosyn (piperacillin/tazobactam) Zoto-HC (chloroxylenol/pramoxine/ hydrocortisone) Zovia # (ethinyl estradiol/ethynodiol) Zovirax # (acyclovir) Zydone (hydrocodone/acetaminophen) – **PA**; see Table 8, p. 40 Zyflo (zileuton) – PA > 16 years (effective 06/02/03) Zyloprim # (allopurinol) Zyprexa (olanzapine)

Zyrtec (cetirizine) syrup – PA > 12 years (except for LTC members); see Table 12, p. 44

Zyrtec (cetirizine) tablets – PA > 31 doses/month; see Table 12, p. 44

Zyrtec-D (cetirizine/pseudoephedrine) – PA > 62
 doses/month; see Table 12, p. 44

Zyvox (linezolid)

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- o Prior-authorization status depends on the drug's formulation.

# **Therapeutic Class Tables**

**Table 1 – Immune Globulins** 

cytomegalovirus immune globulin IV, human (CMV-IGIV) — CytoGam hepatitis B immune globulin, human (IBIG) — BayHep B, II-BIG, HyperHep, Nabi-HB immune globulin IM, human (IGIM; gamma globulin; IgG) — immune serum globulin USP ', BayGam immune globulin IV, human (IGIV) — Camimune N, Gammagard S/D, Gammar-P IV, Iveegam EN, Panglobulin, Polygam S/D, Sandoglobulin, Venoglobulin-I, Venoglobulin-S antithymocyte globulin (equine) (ATG equine, LIG) — Atgam antithymocyte globulin (rabbit) (ATG rabbit) — Thymoglobulin rabies immune globulin IM, human (RIGIV) — BayRab, Inogam Rabies — HT Rho(D) immune globulin IM (Rho(D) IGIM) — BayRho-D Full Dose, Gamulin Rh, HypRho-D, RhoGAM  Rho(D) immune globulin IM micro-dose (Rho(D) IG Micro-dose) — BayRho-D Mini Dose, HypRho-D Mini-Dose, MICRhoGAM, Mini-Gamulin Rh (Rho(D) IGIV) — WinRho SDF respiratory syncytial virus immune globulin IV, human (RSV-IGIV) — RespiGam tetanus immune globulin IM, human (VZIG) i  varicella-zoster immune globulin IM, human (VZIG) i  varicella-zoster immune globulin IM, human (VZIG) i  varicella-zoster immune globulin IM, human (VZIG) i  varicellar-zoster
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Product must be obtained through the Massachusetts Public Health Biologic Laboratories.

Table 2 – Hormones – Gonadotropin-Releasing Hormone Analogs

		in Releasing Hermone / malege
Drug Name	PA Status	Clinical Notes
Eligard (leuprolide)	PA	For PA drugs, one of the following FDA-approved indications must be
Lupron (leuprolide)	PA	met. For unlabeled uses, approval will be considered based on current
Trelstar (triptorelin)	PA	medical evidence.
Viadur (leuprolide)	PA	• breast cancer (advanced) – Zoladex
Zoladex (goserelin)	PA	central precocious puberty – Lupron
		endometrial thinning – Zoladex
		endometriosis – Lupron, Zoladex
		<ul> <li>prostatic cancer (advanced) – Eligard, Lupron, Trelstar, Viadur, Zoladex</li> </ul>
		• prostatic carcinoma (Stage B2-C) – Zoladex
		uterine leiomyomata – Lupron
		<ul> <li>Contraindications:</li> <li>pregnancy and lactation – all products</li> <li>undiagnosed, abnormal vaginal bleeding: leuprolide, Lupron, Viadur, Zoladex</li> </ul>

# Table 3 – Gastrointestinal Drugs – Histamine ${\rm H_2}$ Antagonists/Proton Pump Inhibitors

# H<sub>2</sub> Antagonists

Drug Name	PA Status	Clinical Notes
Axid # (nizatidine)		Optimize Dosing Regimen:
Pepcid # (famotidine *)		For duodenal or gastric ulcer treatment, administer total daily dose
Tagamet # (cimetidine *)		between evening meal and bedtime – ulcer healing is directly
Zantac # (ranitidine *)		proportional to degree of nocturnal acid reduction.
		Duration of Therapy:
		• duodenal ulcer (DU) – 4 weeks
		• gastric ulcer (GU) – 8 weeks

## **Proton Pump Inhibitors (PPIs)**

Drug Name	PA Status	Clinical Notes
Aciphex (rabeprazole)	PA	Optimize Dosing Regimen:
Nexium (esomeprazole) Prevacid (lansoprazole) capsules Prevacid (lansoprazole) suspension	PA PA > 16 years  PA > 16 years  (except for LTC members)	• For maximum efficacy, a PPI must be taken in a fasting state, just before or with breakfast. In general, for patients on PPIs it is not necessary to prescribe other antisecretory agents (e.g., H <sub>2</sub> antagonists, prostaglandins). If an antisecretory agent is prescribed with a PPI, the PPI should not be taken within 6 hours of the H <sub>2</sub> antagonist or prostaglandin. PPI's should not be taken on an "as needed" basis.
Prilosec (omeprazole) Protonix (pantoprazole)	PA	<ul> <li>QD Dosing versus BID Dosing:</li> <li>QD dosing is adequate for most individuals except for H. pylori treatment (PPI is BID for 1<sup>st</sup> two weeks of therapy). For pathological hypersecretory conditions, such as ZE Syndrome, a BID PPI regimen may be needed for high total daily doses. When/if a second dose is prescribed, it should be given just before the evening meal.</li> </ul>
		<ul> <li>Apparent PPI Non-responder:</li> <li>Careful history should be obtained to ensure appropriate timing of drug administration and no significant drug interactions (see above), before prescribing a second dose or switching to another PPI.</li> </ul>
		<ul> <li>Duration of Therapy:         <ul> <li>duodenal ulcer (DU) – 4 weeks (QD dosing)</li> </ul> </li> <li>gastric ulcer (GU) – 8 weeks (QD dosing)</li> <li>H. pylori – 2 weeks (BID dosing) + 2 more weeks if DU using QD dosing and 6 more weeks if GU using QD dosing</li> <li>acute symptomatic GERD – 4-8 weeks (QD dosing)</li> </ul>
		NG Tube Administration: Prevacid (lansoprazole) capsules can be opened and the intact granules mixed with 40 ml. of apple juice and then administered through the NG tube. After administration, flush NG tube with additional apple juice. Prevacid suspension is not recommended for NG tube administration. It is a viscous liquid, and will thicken over time.
		Tablet/Capsule Administration: PPI tablets or the contents of PPI capsules should not be chewed, split, or crushed. For patients who have difficulty swallowing PPI capsules, the capsule can be opened and the intact granules can be sprinkled on applesauce. See specific product information for further information on liquids and foods compatible with capsule contents.

<sup>#</sup> This is a brand-name drug with FDA "A"-rated generic equivalents. Prior authorization is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA "A"-rated generic equivalent.

<sup>\*</sup> The generic OTC and, if any, generic prescription versions of the drug are payable under MassHealth without prior authorization.

Table 4 – Hematologic Agents – Hematopoietic Agents

Drug Name	PA Status	Clinical Notes	
<b>Colony Stimulating Factors</b>		For PA drugs, an FDA-approved indication must be met. For	
Leukine (sargramostim; GM-CSF)	PA	unlabeled uses, approval will be considered based on current	
Neulasta (pegfilgrastim)	PA	medical evidence.	
Neupogen (filgrastim; G-CSF)	PA		
Interleukins		Monitoring:	
Neumega (oprelvekin; IL-11)	PA	• colony stimulating factors (G-CSF, GM-CSF) – Certain	
Recombinant Human Erythropoie	tin	drugs, such as corticosteroids and lithium may potentiate	
Aranesp (darbepoetin alfa)	PA	the myeloproliferative effects of colony stimulating factors;	
Epogen (epoetin alfa; EPO)	PA	GM-CSF: fluid retention, occasional transient	
Procrit (epoetin alfa; EPO)	PA	supraventricular arrhythmias and dyspnea may occur – use cautiously in patients with cardiac or pulmonary disease.	
		erythropoietin – Evaluate iron status before and during therapy. Transferrin saturation should be at least 20% and serum ferritin at least 100 ng/ml. Most patients will eventually require supplemental iron.	
		oprelvekin – Fluid retention will occur - use cautiously in patients with CHF or preexisting fluid collections (e.g., ascites, pericardial or pleural effusions).	

Table 5 – Immunologic Agents – Immunomodulators

Drug Name	PA Status	Clinical Notes
Actimmune (interferon gamma-1b)		For PA drugs, one of the following FDA-approved
Alferon N (interferon alfa-n3,		indications must be met. For unlabeled uses,
human leukocyte derived)		approval will be considered based on current
Amevive (alefacept)	PA	medical evidence.
Avonex (interferon beta-1a)		• AIDS-related Kaposi's sarcoma – Intron A,
Betaseron (interferon beta-1b)		Roferon-A
Enbrel (etanercept)	PA	Chronic granulomatous disease – Actimmune
Humira (adalimumab)	PA	CML – Roferon-A
Infergen (interferon alfacon-1)		Condylomata acuminata – Alferon N, Intron A
Intron A (interferon alfa-2b;		Crohn's disease – Remicade
IFN-alfa2; rIFN-α2; α-2-interferon)		Erythema nodosum leprosum – Thalomid
Kineret (anakinra)	PA	Follicular lymphoma – Intron A
Novantrone (mitoxantrone)		Hairy cell leukemia – Intron A, Roferon-A
Pegasys (peginterferon alfa-2a)		Hepatitis B (chronic) – Intron A
PEG-Intron (peginterferon alfa-2b)		• Hepatitis C (chronic) – Infergen, Intron A,
Rebetron (interferon alfa-2b recombinant		Pegasys, PEG-Intron, Rebetron
+ ribavirin)		Malignant melanoma – Intron A
Rebif (interferon beta-1a)		Multiple sclerosis – Avonex, Betaseron,
Remicade (infliximab)	PA	Novantrone, Rebif
Roferon-A (interferon alfa-2a;		Osteopetrosis – Actimmune
rIFN-A; IFLrA)		Psoriasis, severe – Amevive
Thalomid (thalidomide)	S.T.E.P.S.	Psoriatic arthritis – Enbrel
	(restricted drug distribution	Rheumatoid arthritis, severe – Enbrel, Humira, Kineret, Remicade
	program; only	Rheumatoid arthritis, juvenile – Enbrel
	prescribers and	
	pharmacists	Alfa interferons Precautions:
	registered with	• Life-threatening or fatal neuropsychiatric,
	this program	autoimmune, ischemic, and infectious disorders
	may prescribe	may be caused or aggravated by alfa
	and dispense the	interferons. Monitor patients closely with
	drug)	periodic clinical and laboratory evaluations.
		See manufacturers' information for full details.

Table 6 – Impotence Agents

Drug Name	PA Status	Clinical Notes
Caverject (alprostadil, prostaglandin E <sub>1</sub> ; PE <sub>1</sub> )	PA	Sildenafil may potentiate the hypotensive effects of
Edex (alprostadil, prostaglandin E <sub>1</sub> ; PE <sub>1</sub> )	PA	nitrates, which in any form are contraindicated with
Muse (alprostadil, prostaglandin E <sub>1</sub> ; PE <sub>1</sub> )	PA	use of sildenafil.
Viagra (sildenafil)	PA	Sildenafil is metabolized by cytochrome P450
		enzymes 3A4 (major route) and 2C9 (minor route);
		use sildenafil cautiously with 3A4 inhibitors such as
		ketoconazole, erythromycin, or cimetidine.

Table 7 - Muscle Relaxants - Centrally Acting

Drug Name	PA Status	Clinical Notes
Banflex (orphenadrine)		PA for Lioresal Intrathecal:
diazepam		Use for spasticity of spinal cord origin (FDA-approved
Flexeril # (cyclobenzaprine)		indication) or, in children for reducing spasticity in
Flexoject (orphenadrine)		cerebral palsy (unlabeled use). Other unlabeled uses
Flexon (orphenadrine)		will be considered based on current medical evidence.
Lioresal Intrathecal (baclofen)	PA	
Lioresal # (baclofen)		Precautions:
Maolate (chlorphenesin)		All agents within this class may cause drowsiness  All agents within this class may cause drowsiness may cause drowsiness may cause drows may cause dr
Norflex # (orphenadrine)		and dizziness. Patients should be advised of this
Norgesic # (orphenadrine/aspirin/caffeine)		<ul> <li>and to avoid alcohol and other CNS depressants.</li> <li>anticholinergic effects – baclofen, cyclobenzaprine,</li> </ul>
Parafon Forte DSC # (chlorzoxazone)		• anticholinergic effects – baclofen, cyclobenzaprine, orphenadrine, tizanidine
Remular-S # (chlorzoxazone)		cyclobenzaprine – structurally related to tricyclic
Robaxin # (methocarbamol)		antidepressants (TCAs); consider potential for
Skelaxin (metaxalone)		similar adverse effects and drug interactions as with
Soma # (carisoprodol)		TCAs
Zanaflex # (tizanidine)		tizanidine – an alpha <sub>2</sub> agonist structurally related to clonidine; may cause hypotension; hepatocellular injury reported - monitor LFTs
		Urine Discoloration:
		orange or red-purple: chlorzoxazone
		brown, black or green: methocarbamol

<sup>#</sup> This is a brand-name drug with FDA "A"-rated generic equivalents. Prior authorization is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA "A"-rated generic equivalent.

**Table 8 - Narcotic Agonist Analgesics** 

Drug Name	PA Status	Clinical Notes
Diphenylheptanes	1 A Status	Allergy:
methadone (Dolophine #, Methadose #)		<ul> <li>True systemic narcotic allergy, such as a</li> </ul>
propoxyphene (Darvon #)		generalized rash, or angioedema, is unusual.
propoxyphene (Darvon N)		A local, itchy wheal formation at the site of
propoxyphene napsylate/acetaminophen		narcotic injection, generalized pruritus (no
(Darvocet-N #)		rash) or flushing may occur, and is due to
Phenanthrenes	<u> </u>	histamine release. Meperidine is less likely to
codeine		release histamine than morphine or other
codeine/acetaminophen (Tylenol/codeine #)		phenanthrenes; histamine release is not
codeine/aspirin (generics)		associated with fentanyl or methadone.
hydrocodone		
hydrocodone/acetaminophen (Anexsia #,		Cross-Hypersensitivity:
Hydrocet #, Lorcet #, Lortab #, Norco #, Vicodin #)		Systemic allergy manifestations, such as a
hydrocodone/acetaminophen (Maxidone, Zydone)	PA	generalized rash, or angioedema, although
hydromorphone (Dilaudid #)	171	uncommon, are most likely to occur with
levorphanol (Levo-Dromoran #)		natural opium alkaloids, such as morphine and
morphine injection		codeine. If systemic allergy to morphine or
(Astramorph PF, Duramorph, Infumorph)		codeine, a narcotic from a different chemical
morphine oral		classification (i.e., diphenylheptanes,
immediate release (MS/L, MSIR, OMS, Roxanol,		phenylpiperidines) should be selected. Ultram
Roxanol-T)		(tramadol) is structurally unrelated to opiates;
controlled release (MS Contin #, Oramorph SR)		however, the manufacturer states that it should
morphine extended release (Avinza)	PA	not be used if there is previous
morphine sustained release (Kadian)	171	hypersensitivity reaction to opiates.
morphine suppositories (MS/S, RMS, Roxanol)		Bond Dusting
oxycodone		Renal Dysfunction:
immediate release (Endocodone, Oxydose,		Accumulation of certain narcotics in patients with significant renal dysfunction can lead to
OxyFAST, Oxy IR, Roxicodone)		excess sedation, respiratory depression,
oxycodone/acetaminophen (Endocet, Roxicet,		delirium, myoclonus, or seizures.
Tylox #)		- avoid use: meperidine
oxycodone/acetaminophen (Percocet)	PA	- cautious use: codeine, hydrocodone,
oxycodone/aspirin (Endodan, Percodan #, Roxiprin)		morphine
oxycodone controlled release (OxyContin)	PA > 90	morphine
ony course controlled release (ony contin)	tablets/	Constipation:
	month;	Common adverse effect with chronic narcotic
	PA > 240	use; prescribe stool softener +/- laxative with
	mg/day	narcotic.
oxymorphone (Numorphan)		
Phenylpiperidines	•	Acetaminophen Hepatotoxicity:
fentanyl injection		Acetaminophen has been associated with
fentanyl transdermal system (Duragesic)	PA > 30	severe hepatatoxicity following acute and
	patches/	chronic ingestion.
	month;	Maximum recommended dose of
	PA > 200	acetaminophen for adults is four grams/day.
	mcg/hour	Be sure to consider and ask about all potential
fentanyl transmucosal system (Actiq)	PA	sources of acetaminophen (e.g., OTC,
meperidine (Demerol #)		combination analgesics) when determining
,		daily acetaminophen dose.
		Risk may increase with concurrent alcohol
		use, underlying liver disease, and/or the
// CT	<u> </u>	fasting state.
# This is a brand-name drug with FDA "A"-rated generation	ic equivalents	Prior authorization is required for the brand

<sup>#</sup> This is a brand-name drug with FDA "A"-rated generic equivalents. Prior authorization is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA "A"-rated generic equivalent.

**Table 9 – Growth Hormones** 

Drug Name	PA Status	Clinical Notes
Drug Name somatrem – Protropin  somatropin – Genotropin Humatrope Norditropin Nutropin, Nutropin AQ Saizen Serostim	PA Status PA PA	<ul> <li>Clinical Notes</li> <li>For PA drugs, one of the following FDA-approved indications must be met. For unlabeled uses, approval will be considered based on current medical evidence.</li> <li>growth failure in children due to lack of endogenous growth hormone secretion – all products except Serostim</li> <li>growth failure in children due to Prader-Willi Syndrome – Genotropin</li> <li>growth failure in children associated with chronic renal insufficiency – Nutropin, Nutropin AQ</li> <li>short stature associated with Turner Syndrome – Nutropin, Nutropin AQ, Humatrope</li> <li>growth hormone deficiency in adults – Genotropin, Humatrope, Nutropin, Nutropin AQ</li> <li>AIDS wasting or cachexia – Serostim</li> </ul>
		<ul><li>Contraindications:</li><li>active malignancy</li><li>growth promotion in children with fused epiphyses</li></ul>

Table 10 - Dermatologic Agents - Retinoids

Drug Name	PA Status	Clinical Notes
Accutane # (isotretinoin; 13-cis-Retinoic Acid)		For PA drugs, one of the following FDA-approved indications must be met. For unlabeled uses, approval
Avita <sup>1</sup> # (tretinoin; trans-Retinoic Acid; Vitamin A Acid) <sup>1</sup>	PA > 25 years	<ul> <li>will be considered based on current medical evidence.</li> <li>acne vulgaris – Avita, Differin, Retin-A, Tazorac</li> </ul>
Differin (adapalene)	PA > 25 years	<ul> <li>Kaposi's sarcoma cutaneous lesions – Panretin</li> <li>psoriasis (stable) – Tazorac</li> </ul>
Panretin (alitretinoin)	PA	
Retin-A <sup>1</sup> # (tretinoin; trans-Retinoic Acid; Vitamin A Acid) <sup>1</sup>	PA > 25 years	Contraindicated in Pregnancy:     Accutane, Soriatane, Tazorac, and Tegison
Soriatane (acitretin)		Accutane – Prescribers must comply with the
Tazorac ¹ (tazarotene)	PA > 25 years	manufacturer's S.M.A.R.T program: System to Manage Accutane Related Teratogenicity (see
Tegison (etretinate)		manufacturer's product information for full details).
Vesanoid <sup>2</sup> (tretinoin)		<ul> <li>Photosensitivity Reactions:</li> <li>Minimize exposure to ultraviolet light or sunlight.</li> <li>other drugs that may also increase sensitivity to sun: quinolones, sulfonamides, thiazide diuretics, phenothiazines</li> </ul>

<sup>#</sup> This is a brand-name drug with FDA "A"-rated generic equivalents. Prior authorization is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA "A"-rated generic equivalent.

<sup>&</sup>lt;sup>1</sup>topical products

<sup>&</sup>lt;sup>2</sup> indicated for acute promyelocytic leukemia

# Table 11 - Nonsteroidal Anti-inflammatory Drugs

## **Non-Selective NSAIDs**

Drug Name	PA Status	Clinical Notes
Acetic Acid Derivatives		Risk factors for NSAID-related GI toxicity:
Clinoril # (sulindac)		age > 60 years, history of gastric or duodenal ulcer, history of GI
Indocin # (indomethacin)		bleed, perforation or obstruction, concurrent use of anticoagulants,
Lodine # (etodolac)		aspirin (including low doses for cardiovascular prophylaxis),
Relafen # (nabumetone)		corticosteroids, high daily NSAID doses
Tolectin # (tolmetin)		To avoid or minimize GI toxicity:
Anthranilic Acid Derivatives		- Lowest effective dose should be prescribed for the shortest possible
meclofenamate		duration.
Ponstel (mefenamic acid)	PA	- GI toxicity may be lower with ibuprofen, naproxen, ketoprofen,
Enolic Acid Derivatives	<u>.</u>	diclofenac, and higher with indomethacin, flurbiprofen, and
Feldene # (piroxicam)		piroxicam.
Mobic (meloxicam)	PA < 60 years	
Phenylacetic Acid Derivatives		If risk factors are present for NSAID-related GI toxicity as above,
Arthrotec (diclofenac/	PA < 60 years	consider:
misoprostol)		- etodolac, nabumetone and meloxicam, all of which are preferentia
Voltaren # (diclofenac)		COX-2 inhibitors; however, with higher doses of etodolac and nabumetone, preferential inhibition of COX-2 is diminished.
Propionic Acid Derivatives	,	- highly selective COX-2 inhibitor (see table below).
Anaprox # (naproxen *)		- an antisecretory agent (PPI or misoprostol) with a non-selective
Ansaid # (flurbiprofen)		NSAID.
Daypro # (oxaprozin)		TOTALD.
Motrin # (ibuprofen *)		Risk factors for NSAID-related renal toxicity:
Nalfon # (fenoprofen)		preexisting renal disease, severe CHF liver disease, or diuretic use
Naprosyn # (naproxen *)		provinceing remain anseases, severe erra invest anseases, or anarouse ase
Orudis # (ketoprofen *)		
Oruvail # (ketoprofen *)		
Toradol # (ketorolac)		
Salicylic Acid Derivative		
Dolobid # (diflunisal)		

COX-2 (Highly Selective) NSAIDs

COX-2 (Highly Selective)	NOAIDS	
Drug Name	PA Status	Clinical Notes
Bextra (valdecoxib)	PA < 60 years	Osteoarthritis(OA)/Rheumatoid Arthritis (RA) Dosing:
Celebrex (celecoxib)	PA < 60 years	Bextra: OA: 10 mg QD; RA: 10 mg QD
Vioxx (rofecoxib)	PA < 60 years	Celebrex: OA: 200 mg QD or 100 mg BID; RA: 100-200 mg BID
		Vioxx: OA: 12.5-25 mg QD; RA: 25 mg QD
		Sulfonamide Allergy:
		Celebrex and Bextra are both sulfonamide derivatives. The labeling
		for Celebrex and Bextra state that use is contraindicated in
		sulfonamide-allergic patients. Vioxx, a methylsulfone derivative, is considered safe in patients with sulfonamide allergy.
		considered safe in patients with surrollamide anergy.
		Cardiovascular Risks:
		Limited published evidence suggests that there may be an increased
		risk of cardiovascular events in patients taking COX-2 NSAID;
		however, prospective comparative studies +/- low-dose aspirin
		specifically designed to determine the incidence of significant CV risks are needed to assess this risk.
		risks are needed to assess this risk.

<sup>#</sup> This is a brand-name drug with FDA "A"-rated generic equivalents. Prior authorization is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA "A"-rated generic equivalent.

<sup>\*</sup> The generic OTC and, if any, generic prescription versions of the drug are payable under MassHealth without prior authorization.

## Table 12 - Antihistamines

First Generation (Non-Selective) Antihistamines

Drug Name <sup>1</sup>	PA Status	Sedative Effect <sup>2</sup>	Antihistamine Effect <sup>2</sup>	Anticholinergic Effect <sup>2</sup>
Alkylamines				
brompheniramine *		1+	3+	2+
Chlor-Trimeton # (chlorpheniramine *)		1+	2+	2+
Polaramine # (dexchlorpheniramine)		1+	3+	2+
Ethanolamines		·		
Benadryl # (diphenhydramine *)		3+	1+/2+	3+
carbinoxamine		1+	1+/2+	1+
Tavist # (clemastine)		2+	1+/2+	3+
Ethylenediamine				
PBZ # (tripelennamine)		2+	1+/2+	+/-
Phenothiazine				
Phenergan # (promethazine)		3+	3+	3+
Piperazines				
Atarax # (hydroxyzine)		3+	2+/3+	2+
Vistaril # (hydroxyzine)		3+	2+/3+	2+
Piperidines				
Optimine (azatadine)	PA	2+	2+	2+
Periactin # (cyproheptadine)		1+	2+	2+
Trinalin Repetabs (azatadine/ pseudoephedrine)	PA	2+	2+	2+

Second Generation (Peripherally Selective) Antihistamines

Drug Name 1	PA Status	Sedative Effect <sup>2</sup>	Antihistamine Effect <sup>2</sup>	Anticholinergic Effect <sup>2</sup>
Alkylamine				
Semprex-D	PA	+/-	2+/3+	+/-
(acrivastine/pseudoephedrine)				
Phthalazinone				
Astelin (azelastine)		+/-	2+/3+	+/-
Piperazines				
Zyrtec (cetirizine)	PA > 31 doses/month	+/-	2+/3+	+/-
Zyrtec-D (cetirizine/pseudoephedrine)	PA > 62 doses/month			
Piperidines				
Allegra (fexofenadine)	PA	+/-	2+/3+	+/-
Allegra-D	PA			
(fexofenadine/pseudoephedrine)				
Clarinex (desloratadine)	PA > 31 doses/month	+/-	3+	+/-

<sup>#</sup> This is a brand-name drug with FDA "A"-rated generic equivalents. Prior authorization is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA "A"-rated generic equivalent.

<sup>\*</sup> The generic OTC and, if any, generic prescription versions of the drug are payable under MassHealth without prior authorization.

<sup>&</sup>lt;sup>1</sup> Combinations of antihistamines and decongestants (for example, brompheniramine/pseudoephedrine) are payable under MassHealth, but are not listed in the antihistamine table unless PA is required for the combination.

<sup>&</sup>lt;sup>2</sup> low to none = +/-; low = 1+; moderate = 2+; high = 3+ (Note: Pseudoephedrine, a sympathomimetic that may cause mild CNS stimulation, may lessen the sedative effect of antihistamines. Occasionally however, pseudoephedrine may also cause drowsiness. The antihistaminic and anticholinergic effects of antihistamines are not likely to be affected by the addition of pseudoephedrine.)

Table 13 - Statins

Advicer (lowastatin/missism) Altocor (extended-release PA lovastatin) Lescol (Idwastatin) Lescol (Idwastat	Drug Name	PA Status	Clinical Notes
Allocor (extended-release lovastatin)   PA			
Lescol (Iluvastatin)		PA	
Lescol XL (extended-release   Chrostophila   Chro			
Lessol XL (extended-release   Ruvastatin)			
Listed below is the % decrease in LDL cholesterol with various doses of statins:   Lipitor (atorvastatin)			
Statins:			
atorvastatin			statins:
• fluvastatin) Pravachol (pravastatin) PA  Tocor (simvastatin) PA  • lovastatin: 20 mg – 17%, 40 mg – 23%, 80 mg (extended-release) – 36% • lovastatin: 10 mg – 19%, 20 mg – 24%, 40 mg – 34% • pravastatin: 10 mg – 19%, 20 mg – 24%, 40 mg – 34% • simvastatin: 10 mg – 19%, 20 mg – 25%, 40 mg – 34% • simvastatin: 10 mg – 19%, 20 mg – 35%, 40 mg – 41%, 80 mg – 46%   Metabolism and Drug Interactions: Except for pravastatin, are highly protein-bound, and are therefore more likely than pravastatin in creavastatin to interact with other highly protein-bound drugs (e.g., warfarin). There are many potential drug interactions involving the CYP450 enzyme system and highly protein-bound drugs. Careful monitoring should be done in patients on statins and multiple medications.  Food and Statin Use: Coadministration of food with lovastatin increases lovastatin's bioavailability by as much as 50%. For all other statins, the clinical significance of the statin-food interaction is small. Lovastatin should be administered with food. All other statins may be taken without regard to meals.  Adverse Effects:  • Hepatotoxicity: Although the risk of liver toxicity is low (i.e., elevation in liver transaminases > 3 times the upper limit of normal occurs in ~ 1% of patients), manufacturers of statins recommend that liver transaminases be monitored (see product package labeling). Risk of this toxicity may increase with increased dose.  • Myopathy: Severe myopathy is reported in 1/1000 patients, and is dose-related. It can lead to myoglobinuria and acute renal failure. Risk factors for statin-induced myopathy are drug-drug interactions, hepatic or renal failure, acute infection, or hypothyroidism.  Cost:  DMA costs indicate that generic lovastatin, Lescol, and Lescol XI. are much less expensive than all other brands of statins. Please keep this factor in	• ` ` ′		• atorvastatin: 10 mg – 38%, 20 mg – 46%, 40 mg – 51%, 80 mg – 54%
PA   36%     Pa   20cor (simvastatin)   PA     Zocor (simvastatin)   PA     Pa	Meyacor # (loyastatin)		• fluvastatin: 20 mg – 17%, 40 mg – 23%, 80 mg (extended-release) –
PA  • Iovastatin: 20 mg – 19%, 40 mg – 32%, 80 mg – 48% • pravastain: 10 mg – 19%, 20 mg – 24%, 40 mg – 347% • simvastatin: 10 mg – 28%, 20 mg – 35%, 40 mg – 41%, 80 mg – 46%   **Metabolism and Drug Interactions:*  Except for pravastatin, all statins are extensively metabolized by the cytochrome (CVP) P450 enzyme system (atorvastatin, lovastatin, simvastatin: CVP3A4, fluvastatin: CYP2C9). All statins, except for pravastatin, are lighly protein-bound, and are freefor more likely than pravastatin in citeract with other highly protein-bound drugs (e.g., warfarin). There are many potential drug interactions involving the CYP450 enzyme system and highly protein-bound drugs. Careful monitoring should be done in patients on statins and multiple medications.  *Food and Statin Use:*  Coadministration of food with lovastatin increases lovastatin's bioavailability by as much as 50%. For all other statins, the clinical significance of the statin-food interaction is small. Lovastatin should be administered with food. All other statins may be taken without regard to meals.  *Adverse Effects:*  **Hepatotxicity:*  Although the risk of liver toxicity is low (i.e., elevation in liver transaminases > 3 times the upper limit of normal occurs in ~ 1% of patients), manufacturers of statins recommend that liver transaminases be monitored (see product package labeling). Risk of this toxicity may increase with increased dose.  **Myopathy:*  Severe myopathy:* sreported in 1/1000 patients, and is dose-related. It can lead to myoglobinuria and acute renal failure. Risk factors for statin-induced myopathy are drug-drug interactions, hepatic or renal failure, acute infection, or hypothyroidism.  **Cost:**  DMA costs indicate that generic lovastatin, Lescol, and Lescol XL are much less expensive than all other brands of statins. Please keep this factor in		PA	36%
<ul> <li>pravastatin: 10 mg = 19%, 20 mg = 24%, 40 mg = 34%, 80 mg = 46%</li> <li>simvastatin: 10 mg = 28%, 20 mg = 35%, 40 mg = 41%, 80 mg = 46%</li> <li>Metabolism and Drug Interactions: Except for pravastatin, all statins are extensively metabolized by the cytochrome (CVP) P450 enzyme system (atorvastatin, lovastatin, simvastatin: CYP2450 enzyme system (atorvastatin, lovastatin, are highly protein-bound, and are therefore more likely than pravastatin in to interact with other highly protein-bound drugs (e.g., warfarin). There are many potential drug interactions involving the CYP450 enzyme system and highly protein-bound drugs. Careful monitoring should be done in patients on statins and multiple medications.</li> <li>Food and Statin Use: Coadministration of food with lovastatin increases lovastatin's bioavailability by as much as 50%. For all other statins, the clinical significance of the statin-food interaction is small. Lovastatin should be administered with food. All other statins may be taken without regard to meals.</li> <li>Adverse Effects: <ul> <li>Hepatotoxicity:</li> <li>Although the risk of liver toxicity is low (i.e., elevation in liver transaminases &gt; 3 times the upper limit of normal occurs in ~ 1% of patients), manufacturers of statins recommend that liver transaminases be monitored (see product package labeling). Risk of this toxicity may increase with increased dose.</li> <li>Myopathy: Severe myopathy is reported in 1/1000 patients, and is dose-related. It can lead to myoglobinuria and acute renal failure. Risk factors for statin-induced myopathy are drug-drug interactions, hepatic or renal failure, acute infection, or hypothyroidism.</li> </ul> </li> <li>Cost:  DMA costs indicate that generic lovastatin, Lescol, and Lescol XL are much less expensive than all other brands of statins. Please keep this factor in</li> </ul>			• lovastatin: 20 mg – 29%, 40 mg – 32%, 80 mg – 48%
Metabolism and Drug Interactions:  Except for pravastatin, all statins are extensively metabolized by the cytochrome (CYP) P450 enzyme system (atorvastatin, lovastatin, simvastatin: CYP3A4, fluvastatin: CYP2C9). All statins, except for pravastatin, are highly protein-bound, and are therefore more likely than pravastatin to interact with other highly protein-bound drugs (e.g., warfarin). There are many potential drug interactions involving the CYP450 enzyme system and highly protein-bound drugs. Careful monitoring should be done in patients on statins and multiple medications.  Food and Statin Use: Coadministration of food with lovastatin increases lovastatin's bioavailability by as much as 50%. For all other statins, the clinical significance of the statin-food interaction is small. Lovastatin should be administered with food. All other statins may be taken without regard to meals.  Adverse Effects:  Hepatoxicity: Although the risk of liver toxicity is low (i.e., elevation in liver transaminases > 3 times the upper limit of normal occurs in ~ 1% of patients), manufacturers of statins recommend that liver transaminases be monitored (see product package labeling). Risk of this toxicity may increase with increased dose.  Myopathy: Severe myopathy is reported in 1/1000 patients, and is dose-related. It can lead to myoglobinuria and acute renal failure. Risk factors for statin-induced myopathy are drug-drug interactions, hepatic or renal failure, acute infection, or hypothyroidism.  Cost:  DMA costs indicate that generic lovastatin, Lescol, and Lescol XL are much less expensive than all other brands of statins. Please keep this factor in	,		• pravastatin: 10 mg – 19%, 20 mg – 24%, 40 mg – 34%
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<sup>#</sup> This is a brand-name drug with FDA "A"-rated generic equivalents. Prior authorization is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA "A"-rated generic equivalent.

Table 14 – Triptans

Drug Name	PA Status	Clinical Notes
Amerge (naratriptan) tablet	PA	FDA-Approved Indications:
Axert (almotriptan) tablet	PA > six units/	• acute treatment of migraine (all triptans)
1 /	month	acute treatment of cluster headache episodes—
Frova (frovatriptan) tablet	PA	Imitrex injection only
Imitrex (sumatriptan) nasal	PA	Triptans are NOT intended for prophylactic
spray, tablet		therapy of migraines.
Imitrex (sumatriptan) injection	PA > six units/	
	month	General contraindications (consult prescribing
Maxalt (rizatriptan) tablet	PA	information for specific information regarding
Maxalt-MLT (rizatriptan)	PA	individual agents):
orally disintegrating tablet		history, presence, symptoms, or signs of ischemic
Relpax (eletriptan) tablet	PA	heart disease (e.g., angina, MI, stroke, TIA),
		coronary artery vasospasm, or other significant
Zomig (zolmitriptan) tablet	PA > six units/	underlying cardiovascular disease
	month	uncontrolled hypertension
Zomig-ZMT (zolmitriptan)	PA > six units/	• concurrent use or use within 24 hours of
orally disintegrating tablet	month	ergotamine-containing products or ergot-type
		medications (e.g., dihydroergotamine,
		methysergide)
		• concurrent use with MAO inhibitor therapy or
		within two weeks of MAO inhibitor
		discontinuation
		• use within 24 hours of treatment with another
		triptan
		management of hemiplegic or basilar migraine
		hypersensitivity to the product or any of its
		ingredients
		Do not exceed the maximum recommended dose per
		24-hour period.
		24-nour periou.
		Orally Disintegrating Tablets:
		Place tablet on tongue, where it will be dissolved
		and swallowed with saliva.
		Inform phenylketonurics that tablets contain
		phenylalanine.
		Py
		Migraine prophylaxis (e.g., amitriptyline, propranolol,
		timolol) may be considered for the following
		conditions:
		<ul> <li>migraine occurs ≥ twice monthly and produces</li> </ul>
		disability lasting ≥ three days per month
		contraindication to, or failure of, acute treatments
		• abortive medications are used > twice per week
		other severe migraine conditions

Table 15 – Hypnotics

Drug Name	PA Status	Duration of	Clinical Notes
		Action	
	PA > 10		Hypnotics are primarily FDA-approved for
Ambien (zolpidem)	units/month	short	transient or short-term treatment of insomnia.
Dalmane #	PA > 10		There is limited medical evidence on the safety
(flurazepam)	units/month	long	and efficacy of prolonged use of hypnotics.
Doral (quazepam)	PA	long	Nonpharmacologic treatments, such as practicing
Halcion #	PA > 10		good sleep hygiene, relaxation training, and
(triazolam)	units/month	short	cognitive therapy may be more effective than
ProSom #	PA > 10		medications in some individuals.
(estazolam)	units/month	intermediate	To avoid tolerance and dependence, use the
Restoril #	PA > 10		lowest dose, intermittently, and for the shortest
(temazepam)	units/month	intermediate	possible duration.
Sonata (zaleplon)	PA > 10	ultra-short	Recommended hypnotic dosages are generally
	units/month		lower in the elderly.
			• See "10 Tips for a Good Night's Sleep"
			(www.state.ma/dma/providers/pharmacy/10-
			tips GoodNightSleep.pdf).

<sup>#</sup> This is a brand-name drug with FDA "A"-rated generic equivalents. Prior authorization is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA "A"-rated generic equivalent.

## **Table 16 - Topical Corticosteroids**

David Name	DA C4-4	Clinical Natas
Drug Name I. Low Potency	PA Status	Clinical Notes
alclometasone dipropionate 0.05% C, O (Aclovate)	I DA	Product Potency:
desonide C, L, O 0.05% (DesOwen #)	PA	Relative potency of a product depends on the characteristics and
		concentration of the drug and the
fluocinolone acetonide 0.01% C, S (Synalar #) fluocinolone acetonide 0.01% oil (Derma-Smoothe/FS), shampoo	PA	vehicle.
(Capex)	PA	Generally, ointments and gels are more
hydrocortisone 0.5% C, L; 1% C, L, O, S; 2.5% C, L, O (Anusol-		potent than creams or lotions;
HC #, Hytone #, Texacort #)		however, some products have been
II. Medium Potency		formulated to yield comparable
betamethasone dipropionate 0.05% L (generics)		potency.
betamethasone dipropionate 0.05% L (Diprosone)	PA	† · · · · ·
		Product Selection:
betamethasone valerate 0.12% A (Luxiq)	PA	Selection of a specific corticosteroid,
betamethasone valerate 0.1% C, L (Beta-Val #, Valisone #)	D.A	strength and vehicle depends on the
clocortolone pivalate 0.1% C (Cloderm)	PA	nature, location, and extent of the skin
desoximetasone 0.05% C (Topicort LP #)		condition, patient's age, and
fluocinolone acetonide 0.025% C, O (Synalar #)		anticipated duration of treatment.
flurandrenolide 0.05% L (generics)	D.A	Use the least potent corticosteroid that
flurandrenolide 0.025% C, O; 0.05% C, L, O, T (Cordran)	PA	would be effective.
fluticasone propionate 0.05% C, 0.005% O (Cutivate)	PA	Low potency agents are preferred for
hydrocortisone butyrate 0.1% C, O, S (Locoid)	PA	the face, intertriginous areas (e.g.,
hydrocortisone probutate 0.1% C (Pandel)	PA	groin, axilla), large areas, and children,
hydrocortisone valerate 0.2% C, O (Westcort #)		to reduce the potential for side effects.
mometasone furoate 0.1% O (generics)		Reserve higher potency agents for
mometasone furoate 0.1% C, L, O (Elocon)	PA	areas and conditions resistant to
prednicarbate 0.1% C , O (Dermatop)	PA	treatment with milder agents.
triamcinolone acetonide 0.025% C, L, O; 0.1% C, L, O; (Kenalog #,		Adverse Reactions:
Aristocort #, Aristocort A #)		Systemic absorption of topical
III. High Potency	DA	corticosteroids has produced reversible
amcinonide 0.1% C, L, O (Cyclocort)	PA	HPA axis suppression, Cushing's
augmented betamethasone dipropionate 0.05% C (Diprolene AF), 0.05% L (Diprolene)	PA	syndrome, hyperglycemia, and
betamethasone dipropionate 0.05% C, O (generics)		glycosuria.
betamethasone dipropionate 0.05% C, O; 0.1% A (Diprosone)	PA	Conditions that augment systemic
betamethasone valerate 0.1% O (Beta-Val #, Valisone #)	1 A	absorption include application of more
desoximetasone 0.05% G; 0.25% C, O (Topicort #)		potent steroids, use over large surface
diflorasone diacetate 0.05% C (Psorcon #)		areas, prolonged use, addition of
fluocinonide 0.05% C, G, O, S (Lidex #)		occlusive dressings, and patient's age.
halcinonide 0.1% C, O, S (Halog, Halog-E)	PA	Perform appropriate clinical and
triamcinolone acetonide 0.5% C, O ( Aristocort #, Aristocort A #	1 A	laboratory tests if a topical
Kenalog#)		corticosteroid is used for long periods
IV. Very High Potency		or over large areas of the body.
augmented betamethasone dipropionate 0.05% O (generics)		With chronic conditions, gradual
augmented betamethasone dipropionate 0.05% O (Diprolene)	PA	discontinuation of therapy may reduce
betamethasone dipropionate 0.05% G (Diprolene)	PA	the chance of rebound.
clobetasol propionate 0.05% C, G, O, S (Cormax#, Embeline #,	1	†
Temovate #)		
clobetasol propionate 0.05% A (Olux)	PA	
diflorasone diacetate 0.05% O (Psorcon #)		
halobetasol propionate 0.05% C, O (Ultravate)	PA	
r · r · · · · · · · · · · · · · · · · ·		

A=aerosol, C=cream, G=gel, L=lotion, O=ointment, S=solution

<sup>#</sup> This is a brand-name drug with FDA "A"-rated generic equivalents. Prior authorization is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA "A"-rated generic equivalent.

Table 17 - Antidepressants

Table 17 – Antidepres	,	CW L
Drug Name	PA Status	Clinical Notes
Selective Serotonin Reupta		Dosing and administration:
citalopram (Celexa)	PA	Recommended initial doses are generally lower in the elderly.
escitalopram (Lexapro)	PA	• In general, the recommended initial dose of fluoxetine is 10-20
fluoxetine (Prozac #)		mg per day. A lower initial dose (5-10 mg) or longer dosing
fluoxetine (Prozac	PA	interval is recommended in the elderly.
Weekly, Sarafem)		Patients should be counseled regarding the short- and long-term
fluvoxamine (Luvox #)		side effects of antidepressants.
paroxetine (Paxil)	PA	Tertiary amine TCA are generally associated with more potent
sertraline (Zoloft)	PA	anticholinergic and sedative properties than secondary amine
Mixed Norepinephrine/Do	pamine	TCA (amoxapine, desipramine, nortriptyline and protriptyline).
Reuptake Inhibitors	1	Blood pressure should be monitored during venlafaxine therapy    Description   De
bupropion (Wellbutrin #)		because it may cause a dose-related increase in diastolic blood
bupropion sustained		pressure.
release (Wellbutrin SR)		Monoamine oxidase (MAO) inhibitors:
Mixed Serotonin Effects	DA	Hypertensive crisis may occur when MAO inhibitors are
nefazodone (Serzone)	PA	coadministered with certain drugs, including prescription and
trazodone (Desyrel #)	and the section of	over-the-counter products, and foods, especially those high in
Mixed Serotonin/Norepine	pnrine	tyramine.
Reuptake Inhibitors venlafaxine (Effexor)	PA	Patients should be counseled regarding dietary and medication
Monoamine Oxidase (MAC	<u> </u>	restrictions.
phenelzine (Nardil)		
tranylcypromine (Parnate)		Nefazodone and hepatic failure:
Tetracyclic Antidepressan	te	Nefazodone has been reported to cause life-threatening hepatic
maprotiline (generics)		failure, resulting in death or transplant.
mirtazapine (Remeron #)		Patients should be counseled regarding the signs and symptoms
mirtazapine, orally		of liver dysfunction and to contact their doctor immediately if
disintegrating tablets		they occur.
(Remeron Sol Tab)		
Tricyclic Antidepressants	(TCA)	Bupropion and seizures:
amitriptyline (Elavil #)		The risk of seizures appears to correlate with the bupropion dose
amoxapine (generics)		(e.g., at doses up to 450 mg/day immediate-release, the
clomipramine (Anafranil#)		incidence is about 0.4%).
desipramine (Norpramin#)		Additional risk factors may include history of head trauma or
doxepin (Sinequan#)		seizures, central nervous system tumor, severe hepatic cirrhosis,
imipramine (Tofranil#)		or concurrent medications that lower seizure threshold.
nortriptyline (Aventyl#,		Recommendations to reduce the risk of seizures with immediate-
Pamelor#)		release bupropion include the following: total daily dose not to
protriptyline (Vivactil#)		exceed (NTE) 450 mg, daily dose is administered 3 times/day, single dose NTE 150 mg, and doses are gradually increased.
trimipramine (Surmontil)		<ul> <li>Recommendations to reduce the risk of seizures with sustained-</li> </ul>
		release bupropion include the following: total daily dose NTE
		400 mg, daily dose is administered 2 times/day, single dose NTE
		200 mg, and doses are gradually increased.
		200 mg, and doors are graduary mercused.
		Pharmacy Program Antidepressant Initiative:
		See Pharmacy Program Antidepressant Initiative
		(www.state.ma/dma/providers/pharmacy/
		Antidepressant-Initiative.pdf) for more information about PA
		requirements for antidepressants.
// cm : : 1 1 1 1	'/1 ED A ((A))	ated generic equivalents. Prior authorization is required for the brand

<sup>#</sup> This is a brand-name drug with FDA "A"-rated generic equivalents. Prior authorization is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA "A"-rated generic equivalent.

**Table 18 – Renin Angiotensin System Antagonists** 

Drug Name	PA Status	Clinical Notes
Angiotensin – Converting Enzy		Dose and administration:
benazepril (Lotensin)	PA	• Initial doses may need to be lower in the elderly,
amlodipine/benazepril (Lotrel)	PA	and in patients who are on a diuretic or are
captopril (Capoten #)		volume depleted.
captopril/hydrochlorothiazide		
(Capozide #)		Nonproductive dry cough:
enalapril (Vasotec #)		• Incidence is about 10-20% on an ACE inhibitor,
enalapril/hydrochlorothiazide		but very uncommon in the angiotensin II receptor
(Vaseretic #)		antagonists.
enalapril/felodipine (Lexxel)	PA	Cough usually resolves within 1-4 days after
fosinopril (Monopril)	PA	therapy is discontinued.
lisinopril (Prinivil #, Zestril #)		
lisinopril/hydrochlorothiazide		Adverse reactions:
(Prinzide #, Zestoretic #)		Higher incidence of skin rash and dysgeusia with
moexipril (Univasc)	PA	captopril, compared to other ACE inhibitors, has
moexipril/hydrochlorothiazide	PA	been attributed to its sulfhydryl group.
(Uniretic)		Risk factors for hyperkalemia may include renal
perindopril (Aceon)	PA	insufficiency, diabetes, concomitant nonsteroidal
quinapril (Accupril)	PA	anti-inflammatory drugs, potassium supplements,
quinapril/hydrochlorothiazide	PA	and/or potassium-sparing diuretics.
(Accuretic)		Angioneurotic edema is less likely to occur with
ramipril (Altace)	PA	angiotensin II receptor blockers than ACE
trandolapril (Mavik)	PA	inhibitors, but cross-reactivity has been reported.
trandolapril/verapamil (Tarka)	PA	Pregnancy:
Angiotensin II Receptor Antag		May cause fetal or neonatal injury or death when
candesartan (Atacand)	PA	used during the second or third trimester of
eprosartan (Teveten)	PA	pregnancy.
irbesartan (Avapro)	PA	When pregnancy is detected, discontinue these
irbesartan/hydrochlorothiazide	PA	drugs as soon as possible.
(Avalide)		urugs as soon as possible.
losartan (Cozaar)	PA	
losartan/hydrochlorothiazide	PA	
(Hyzaar)		
olmesartan (Benicar)	PA	
telmisartan (Micardis)	PA	
valsartan (Diovan)	PA	
valsartan/hydrochlorothiazide	PA	
(Diovan HCT)		

<sup>#</sup> This is a brand-name drug with FDA "A"-rated generic equivalents. Prior authorization is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA "A"-rated generic equivalent.

Table 19 - Alpha-1 Adrenergic Blockers

Drug Name	PA Status	Clinical Notes
doxazosin (Cardura #)		FDA-approved indications:
prazosin (generics)		Hypertension: doxazosin, prazosin, prazosin/polythiazide,
prazosin/polythiazide		terazosin
(Minizide)		Benign prostatic hyperplasia (BPH): doxazosin,
tamsulosin (Flomax)	PA	tamsulosin, terazosin
terazosin (Hytrin #)		
		Dose and administration:
		• Doxazosin, prazosin, and terazosin: take first dose and
		subsequent first increased dose at bedtime to minimize lightheadedness and syncope.
		• Titrate to therapeutic maintenance doses to minimize dizziness and orthostatic hypotension.
		If therapy is discontinued or interrupted for two or more days, reinstitute therapy cautiously.
		PSA levels:
		Alpha-1 adrenergic receptor antagonists do not affect PSA levels.

<sup>#</sup> This is a brand-name drug with FDA "A"-rated generic equivalents. Prior authorization is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA "A"-rated generic equivalent.

**Table 20 – Anticonvulsants** 

Drug Name	PA Status	Clinical Notes
carbamazepine (Carbatrol,		For PA drugs, one of the following FDA-approved
Epitol, Tegretol #)		indications must be met.
clonazepam (Klonopin #)		• epilepsy, adjunctive therapy-gabapentin, levetiracetam,
clorazepate		tiagabine, topiramate
(Tranxene-T #)		postherpetic neuralgia-gabapentin
diazepam (generics,		
Diastat)		For unlabeled uses, approval will be considered based on
divalproex (Depakote)		current medical evidence.
ethosuximide (Zarontin #)		
ethotoin (Peganone)		Precautions/warnings:
felbamate (Felbatol)		• About 25% to 30% of patients who experience a
gabapentin (Neurontin)	PA (effective 06/02/03)	hypersensitivity reaction to carbamazepine will experience
lamotrigine (Lamictal)		a hypersensitivity reaction to oxcarbazepine.
levetiracetam (Keppra)	PA (effective 06/02/03)	Carbamazepine has been associated with aplastic anemia
methsuximide (Celontin)		and agranulocytosis. Hematologic studies should be
oxcarbazepine (Trileptal)		performed before therapy is initiated.
phenobarbital (generics)		Felbamate is not a first-line antiepileptic agent and is
phenytoin (Dilantin,		recommended only in patients who have shown an
Phenytek)		inadequate response to alternative treatments and whose
primidone (Mysoline #)		epilepsy is so severe that the benefits outweigh the
tiagabine (Gabitril)	PA (effective 06/02/03)	potential risks of aplastic anemia or liver failure.
topiramate (Topamax)	PA (effective 06/02/03)	• Lamotrigine has been associated with serious rashes,
valproate (Depacon,		which required hospitalization and/or discontinuation of treatment. Most cases of life-threatening rashes occurred
Depakene #)		within the first 2 to 8 weeks of treatment.
valproic acid		<ul> <li>Phenytoin may cause gingival hyperplasia; the incidence</li> </ul>
(Depakene #)		may be reduced by good oral hygiene, including frequent
zonisamide (Zonegran)		brushing and flossing.
		<ul> <li>Valproic acid and its derivatives have been associated with</li> </ul>
		hepatic failure resulting in fatalities. Liver function tests
		should be performed prior to initiating therapy and
		subsequently at frequent intervals, especially during the
		first 6 months of therapy.

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Table 21 - Beta-Adrenergic Blocking Agents

Table 21 – Beta-Adrenerg			
Drug Name	PA Status	Adrenergic Receptor Blocking Activity	Clinical Notes
acebutolol (Sectral #)		$\beta_1$	Receptor blocking selectivity:
atenolol (Tenormin #)		$\beta_1$	• $\beta_1$ receptors are predominant in the heart and
atenolol/			kidney; $\beta_2$ receptors are predominant in the
chlorthalidone (Tenoretic #)			arteriolar smooth muscle, liver, lungs, and
betaxolol (Kerlone #)		$\beta_1$	pancreas.
bisoprolol (Zebeta #)		$\beta_1$	Cardioselective beta-blockers possess greater
bisoprolol/hydrochlorothiazide			affinity for $\beta_1$ receptors than $\beta_2$ receptors.
(Ziac #)			At low doses, cardioselective beta-blockers
carteolol (Cartrol)	PA	$\beta_1$ $\beta_2$	may be safer than nonselective agents in
carvedilol (Coreg)	PA	$\beta_1$ $\beta_2$ $\alpha_1$	patients with asthma, diabetes, COPD, and
esmolol (Brevibloc)		$\beta_1$	peripheral vascular disease.
labetalol (Trandate#,		$\beta_1$ $\beta_2$ $\alpha_1$	<ul> <li>Cardioselective agents may also inhibit β<sub>2</sub></li> </ul>
Normodyne #)			receptors at higher doses.
metoprolol (Lopressor #,		$\beta_1$	Alpha-blockade has the potential to produce
Toprol)			more orthostatic hypotension.
metoprolol/			
hydrochlorothiazide			Intrinsic sympathomimetic activity (ISA):
(Lopressor HCT)			Acebutolol, carteolol, penbutolol, and pindolol
nadolol (Corgard #)		$\beta_1$ $\beta_2$	possess ISA .
nadolol/bendroflumethiazide			Agents with ISA may not be as
(Corzide)			cardioprotective as other beta-blockers and
penbutolol (Levatol)	PA	$\beta_1$ $\beta_2$	should not be used for myocardial infarction
pindolol (Visken #)		$\beta_1$ $\beta_2$	(MI) prophylaxis.
propranolol		$\beta_1$ $\beta_2$	
(Inderal #)			Use in heart failure:
propranolol/			Metoprolol extended release and carvedilol are
hydrochlorothiazide			approved for heart failure.
(Inderide #)			Use in diabetes:
sotalol ( Betapace #)		$\beta_1$ $\beta_2$	
timolol (Blocadren #)		$\beta_1$ $\beta_2$	Beta-blockers may mask some symptoms of hymaglycomia
timolol/ hydrochlorothiazide			hypoglycemia.
(Timolide)			Nonselective beta-blockers may potentiate     insulin induced hymoglycomic and delay.
			insulin-induced hypoglycemia and delay recovery of serum glucose levels.
			recovery of seruin glucose levels.
			Other concomitant disorders:
			Beta-blockers may offer advantages for
			-
			hypertensive patients with the following
			conditions: angina, migraines, selected
			ventricular and supraventricular arrhythmias.
			All patients should receive a beta-blocker post
			MI, unless they have an absolute
			contraindication or have shown intolerance.

<sup>#</sup> This is a brand-name drug with FDA "A"-rated generic equivalents. Prior authorization is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA "A"-rated generic equivalent.

**Table 22 - Calcium Channel Blocking Agents** 

Drug Name	PA Status	Clinical Notes
Benzothiazepines		Indications:
bepridil (Vascor)	PA	Nimodipine is only FDA approved for subarachnoid
diltiazem (Cardizem #, Cartia,		hemorrhage.
Dilacor#, Tiazac)		Bepridil, diltiazem (short-acting), nifedipine
Dihydropyridines		(immediate-release), and nimodipine are not FDA
amlodipine (Norvasc)	PA	approved for the treatment of essential
amlodipine/benazepril (Lotrel)	PA	hypertension.
enalapril/felodipine (Lexxel)	PA	Sustained-release nifedipine and amlodipine have
felodipine (Plendil)	PA	been shown to have comparable efficacy in African-
isradipine (Dynacirc)	PA	Americans with hypertension.
nicardipine (Cardene #)		7
nifedipine (Adalat #,		Precautions/warnings:
Procardia #, Nifedical)		<ul> <li>Formulations of calcium channel blockers that</li> </ul>
nimodipine (Nimotop)		contain the same active ingredient may not be "A"-
nisoldipine (Sular)	PA	rated to each other and therefore, should not be
Diphenylalkylamines		interchanged.
trandolapril/verapamil (Tarka)	PA	Two sustained-release verapamil products (Covera-
verapamil (Calan #, Verelan #,		HS and Verelan PM – not interchangeable) were
Isoptin #, Covera-HS)		designed to be given at bedtime. With a 4-5 hour
,		delay in release, it is intended to prevent the early
		morning surge in blood pressure.
		Adverse events:
		<ul> <li>Side effects caused by vasodilation such as</li> </ul>
		dizziness, flushing, headache, and peripheral
		edema, occur more frequently with
		dihydropyridines.

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**Table 23 – Respiratory Inhalant Products** 

Drug Name	PA Status	Clinical Notes
Anticholinergics	1 A Status	
ipratropium, inhalation solution,	PA > 2 inhalers/month	Quick-relief medications:
inhaler (Atrovent #)	(effective 06/02/03)	• Inhaled short-acting selective beta2-agonists are
Combination Products	(circetive ourozros)	therapy of choice for relief of acute symptoms.
albuterol/ipratropium, inhalation	PA > 2 inhalers/month	Increasing use of short-acting beta2- agonists or
solution (DuoNeb), inhaler	(effective 06/02/03)	use of more than one canister/month may indicate
(Combivent)	(611664176 00/02/03)	over reliance on this drug and inadequate asthma
fluticasone/salmeterol (Advair)	PA > 2 inhalers/month	<ul> <li>control.</li> <li>Daily scheduled use of short-acting beta2-</li> </ul>
, , , , , , , , , , , , , , , , , , , ,	(effective 06/02/03)	Daily scheduled use of short-acting beta2- agonists is generally not recommended.
Corticosteroids		<ul> <li>Salmeterol, a long acting beta2-agonist, is not</li> </ul>
beclomethasone (Beclovent,	PA > 3 inhalers/month	recommended for treatment of acute symptoms or
Qvar, Vanceril)	(effective 06/02/03)	exacerbations.
budesonide, inhalation	PA > 1 inhaler/month	Charles and the second
suspension, inhaler	(effective 06/02/03)	Long-term-control medications:
(Pulmicort)		Corticosteroids are the most potent and effective
flunisolide (AeroBid)	PA > 2 inhalers/month	anti-inflammatory medications currently
	(effective 06/02/03)	available.
flunisolide (AeroBid -M)	PA (effective 06/02/03)	The incidence of oral candidiasis with inhaled
fluticasone, diskus, inhaler,	PA > 2 inhalers/month,	corticosteroids may be reduced by using a
rotadisk (Flovent)	2 x 28 or 2 x 60	spacer/holding chamber, rinsing the mouth with
	diskus/month, 2 x 60	water after inhalation and, if appropriate,
	rotadisk/month	administering the inhaled corticosteroid less
4: 1 (4 )	(effective 06/02/03)	frequently.
triamcinolone (Azmacort)	PA > 2 inhalers/month	<ul> <li>Long-acting inhaled beta2-agonists should be</li> </ul>
Mast Call Stabilinass	(effective 06/02/03)	used in conjunction with anti-inflammatory
Mast Cell Stabilizers	PA > 2 inhalers/month	medications and are especially beneficial in
cromolyn, inhalation solution, inhaler (Intal #)	(effective 06/02/03)	managing nighttime symptoms.
nedocromil (Tilade)	PA > 2 inhalers/month	Formoterol and salmeterol are long-acting inhaled
incuocronini (Thade)	(effective 06/02/03)	beta2-agonists.
Sympathomimetics	(circuive 00/02/03)	$\Gamma$
albuterol, inhalation solution		Exercise-induced bronchospasm:
(AccuNeb, Proventil)		Inhaled selective beta2-agonists are the treatment     of choice.
albuterol, inhaler (generics)	PA > 2 inhalers/month	of choice.
(80.000)	(effective 06/02/03)	
albuterol, inhaler (Proventil,	PA (effective 06/02/03)	1
Ventolin)		
formoterol (Foradil)	PA >60	
, , ,	capsules/month	
	(effective 06/02/03)	
isoetharine		
levalbuterol (Xopenex)	PA (effective 06/02/03)	
metaproterenol, inhalation		
solution (Alupent #)		
metaproterenol, inhaler (Alupent)	PA (effective 06/02/03)	
pirbuterol (Maxair)	PA (effective 06/02/03)	
salmeterol (Serevent)	PA > 2 inhalers/month,	
	2 x 60 diskus/month, 3	
	x 28 diskus/month	
	(effective 06/02/03)	

<sup>#</sup> This is a brand-name drug with FDA "A"-rated generic equivalents. Prior authorization is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA "A"-rated generic equivalent.



Commonwealth of Massachusetts

MassHealth Drug Utilization Review Program

P.O. Box 2586

Worcester, MA 01613-2586

**Fax**: 1-877-208-7428 **Phone**: 1-800-745-7318

# **Antidepressant Prior Authorization Request**

First name

☐ home

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

PA is required for Celexa, Effexor, Lexapro, Paxil, Prozac Weekly, Sarafem, Serzone, Zoloft, and brand-name multiple-source antidepressants that have an FDA "A"-rated generic equivalent. PA is not needed for bupropion, fluoxetine, fluvoxamine, mirtazapine, Remeron SolTab, trazodone, tricyclic antidepressants, or Wellbutrin SR. Additional information about antidepressants can be found within the MassHealth Drug List at www.mass.gov/dma.

MassHealth member ID no.

Date of birth

Sex (Circle one.)

MI

nursing facility

## **Member information**

Member's place of residence

Last name

Antidepressant request	Dose, frequency, and duration of req	uested drug	Drug NDC (if known)
□ Celexa			
☐ Effexor	Indication for antidepressant request	ed (Check one.)	
☐ Effexor XR		,	
Lexapro	Depression	□ Panic disc	order
Luvox	Obsessive-compulsive disorder	□ Premenst	rual dysphoric disorder
☐ Paxil	☐ Other		
☐ Paxil CR			
□ Prozac			
□ Prozac Weekly			
Remeron			
■ Sarafem			
Serzone			
Zoloft			
☐ Other			
Has member been hospitalized for this condi	tion?		
·			
Yes. Dates of most recent hospitalization	1		□ No
Is member under the care of a psychiatrist?	☐ Yes ☐ No		
Name of psychiatrist	Telenhone no		
			<del></del>

# **Medication information** continued

	ne? A. Drug name	A. Drug name				
Yes. Complete box A.  No. Explain why not.	Dates of use		Dose and frequency			
	Did member experience any of  Adverse reaction Inade  Concern about drug interact	equate response	☐ Intolerance ☐ Ot	her		
	Briefly describe details of adv	verse reaction, inac	equate response, intolera	nce, or other.		
las member previously tried requested ntidepressant?	<b>Note</b> : You may be asked to provice office notes, and/or completed FI			medical records,		
Yes. Complete box B.  No.	B. Drug name					
	Dates and length of use		Maximum daily dose			
	Note: You may be asked to provice office notes, and/or completed Fi			medical records,		
	Pharmacy provider no.	Telephone no.	Fax no.			
Pharmacy information Name	Pharmacy provider no.	Telephone no.	Fax no. ( ) State	Zip		
Address Prescriber information	Pharmacy provider no.	( )	State	Zip		
ddress  rescriber information ast name First		City  MassHealth pro	vider no. DEA no.			
rescriber information ast name First Address -mail address ignature	c name MI	City  City  Telephone no.	vider no.  DEA no.  State  Fax no.  ( )	Zip		
rescriber information ast name First Addressmail address	ate and complete to the best of my known	City  City  Telephone no.	vider no.  DEA no.  State  Fax no.  ( )	Zip		



Commonwealth of Massachusetts **MassHealth Drug Utilization Review Program** P.O. Box 2586

Worcester, MA 01613-2586

**Fax:** 1-877-208-7428 **Phone:** 1-800-745-7318

# **Antihistamine Prior Authorization Request**

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

In addition to any brand-name multiple-source antihistamine that has an FDA "A"-rated generic equivalent as identified by the Approved Drug Products with Therapeutic Equivalence Evaluations (also called the "Orange Book"), PA is required for:

- Allegra
- Optimine
- Trinalin Repetabs

• Allegra-D

- Semprex-D
- Zyrtec syrup for members older than 12 years (except for LTC members)

Note: PA is not needed for Astelin nasal spray, Clarinex (limit 31 doses/month), Zyrtec (limit 31 doses/month), Zyrtec-D (limit 62 doses/month), and FDA "A"-rated generic antihistamines. Additional information about antihistamines can be found within the MassHealth Drug List at www.mass.gov/dma.

## **Member information**

Last name	First nam	9	MI	MassHealth member ID	) #	Date of birth	Sex (Circle one.) <b>f</b>
Member's place of residence	home	nursing facility	/				
Medication informat	tion Please	complete section 1 below o	or section	n 2 on back depending or	n drug re	equested.	
<ol> <li>Second-generation antihista</li> <li>Allegra (fexofenadine)</li> </ol>	Dose, frequency, and dur	Dose, frequency, and duration of requested drug  Drug NDC (if known)					
☐ Allegra-D (fexofenadine/pseudoephedrine) ☐ Semprex-D (acrivastine/pseudoephedrine) ☐ Zyrtec (cetirizine) syrup		If syrup request is for capsules or tablets. <b>Note</b>					
	Indication for second generation antihistamine requested (Check one)  Allergic rhinitis Chronic idiopathic urticaria Other, specify						
Has member tried Clarinex and Zyrtec? ☐ Yes.		Dates of Clarinex use			Dose a	nd frequency	
		Did member experience any of the following?					
		Adverse reaction Inadequate response Other					
		Details of adverse reaction, inadequate response, or other					
		Dates of Zyrtec use			Dose a	nd frequency	
		Did member experience	any of th	ne following?			
		☐ Adverse reaction ☐	Inadequ	ate response 🔲 Other	-		
		Details of adverse rea	ction, ina	adequate response, or ot	ther		
	☐ No. Ex	plain why not.					

PA-8 (Rev. 04/03) **OVER** 

# **Medication information** continued

□ Optimine	nine request		Dose, frequency, and duration	n Drug NDC (if known)
			Diagnosis pertinent to reque	ested medication
☐ Trinalin Repetabs			Diagnosis per enterte to requi	social medication
Other brand-name antihis	stamine (specify)			
Has member tried two generic  Yes. Complete boxes A and B (Generic antihistamine produ			t antihistamine subclassification	ns (see listing below)?
Generic antihistamine prod	uct courses			
A. Drug name		<b>B.</b> Drug	name	
Dates of generic use	Dose and frequency	Dates of	f generic use	Dose and frequency
Did member experience any of	the following?	Did men	nber experience any of the fol	lowing?
☐ Adverse reaction ☐ Inade	quate response 🔲 Other	☐ Adve	rse reaction 🔲 Inadequate r	esponse 🗌 Other
Details of adverse reaction,	inadequate response, or other	Detai	ls of adverse reaction, inadequ	late response, or other
Alkylamines  brompheniramine chlorpheniramine dexchlorpheniramine	Ethanolamines     clemastine     diphenhydramine	Ethylenediam  tripele Phenothiazine prome	ennamine • h	ydroxyzine
me		provider no.	Telephone ( ) City	Fax ( ) State Zip
ne dress <b>escriber informat</b>	Pharmacy p		( ) City	State Zip
ne dress <b>escriber informat</b>	Pharmacy p	provider no.	( )	( )
dress  escriber informat t name	Pharmacy p		( ) City	State Zip
ne dress  escriber informat t name dress	Pharmacy p		City  MassHealth provider no.	State Zip  DEA #
	Pharmacy p	MI	City  MassHealth provider no.  City  Telephone ( )	State Zip  DEA #  State Zip  Fax ( )



Commonwealth of Massachusetts

#### **MassHealth Drug Utilization Review Program**

P.O. Box 2586

Worcester, MA 01613-2586

First name

**Fax:** 1-877-208-7428 **Phone:** 1-800-745-7318

# **Hypnotic Prior Authorization Request**

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

PA is required for Doral (single-source brand-name benzodiazepine) and any brand-name multiple-source benzodiazepine that has an FDA "A"-rated generic equivalent as identified by the **Approved Drug Products with Therapeutic Equivalence Evaluations** (also called the "Orange Book").

PA is also required for quantity requests greater than 10 units per month for hypnotics. Additional information about hypnotic use can be found within the MassHealth Drug List at www.mass.gov/dma.

MassHealth member ID no.

Date of birth Sex (Circle one.)

## Member information

Last name

						T III
Member's place of residence	☐ home	nursing facility				
Medication informa	ation					
Hypnotic request  ☐ Ambien (zolpidem)	Quantity	Dose, frequency, and durati	on of requested drug	Drug 1	NDC (if known)	
□ Dalmane # (flurazepam) □ Doral (quazepam) □ Halcion # (triazolam) □ ProSom # (estazolam) □ Restoril # (temazepam) □ Sonata (zaleplon) □ Other		A. If request is for Doral or the # symbol), please com B. If request is for quantiti	plete Sections I and II.			
Section I		Has member tried a generic	benzodiazepine?			
Please complete this section for requests		$\square$ Yes. Please complete the	following information.	☐ No. Explai	n why not.	
for Doral or brand-name mult benzodiazepine.	iple-source	Drug name				
Attach supporting documents		Dates of use				
copies of medical records, off and/or completed FDA MedW		Dose and frequency				
		Did member experience any of the following?				
		☐ Adverse reaction	☐ Inadequate resp	ponse	☐ Other	
		Briefly describe details of adverse reaction, inadequate response, or other.				
		□ No.				

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# **Medication information**

Section II  Please attach supporting documentation (e.g., copies of medical records, office notes,	A. Indication for hypnotic ☐ Acute insomnia ☐ Other	□ Transient insomni	ia	
sleep evaluation) for your response to <b>each</b> question.	<b>B.</b> Is insomnia secondary to a v ☐ Yes. Briefly describe and a		diagnosis?	
If the request is for quantities greater than 10 units per month of a hypnotic, please attach a detailed description of your treatment plan of the condition for which you have requested the hypnotic. Include all nonpharmacologic and pharmacologic interventions, therapeutic endpoints, and a list of the member's current medications.	<ul><li>No.</li><li>C. Has member had a sleep eva</li><li> Yes. Briefly describe and a</li><li> No. Explain why not.</li></ul>			
	D. Has member been counseled  Yes. Briefly describe and a		ices?	
	☐ No. Explain why not.			
	<b>E</b> . Is request for quantities gre ☐ Yes. Briefly describe and a	ater than 10 units per month outtach documentation, includin		ment plan.
	□ No.			
Pharmacy information				
Name	Pharmacy provider no.	Telephone no.	Fax no.	
Address		City	State	Zip
Prescriber information				
Last name First name	e MI	MassHealth provider no.	DEA no.	
Address		City	State	Zip
E-mail address		Telephone no.	Fax no.	
Signature				

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.



Commonwealth of Massachusetts

### **MassHealth Drug Utilization Review Program**

P.O. Box 2586

Worcester, MA 01613-2586

First name

**Fax:** 1-877-208-7428 **Phone:** 1-800-745-7318

# **Narcotic Prior Authorization Request**

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

PA is required for quantity requests greater than 30 patches/month for Duragesic and/or 90 tablets/month for OxyContin.

Date of birth Sex (Circle one)

m

PA is also required for dosages that exceed 200 mcg/hour for Duragesic and/or 240 mg/day for OxyContin.

MI

MassHealth member ID no.

## **Member information**

Last name

Narcotic request Strength Quantity (Complete a separate line for each strength	Dose, frequency, and duration of requested drug  Drug NDC (if known)				
prescribed.)  Duragesic (fentanyl)	Indication (Check one.)				
Duragesic (fentanyl)	☐ Cancer pain (specify type and stage)				
Duragesic (fentanyl)	□ AIDS □ Other (speci	ffy)			
OxyContin (oxycodone)	Please specify: ☐ Active Treatment ☐ Pa	alliative Care			
OxyContin (oxycodone)					
OxyContin (oxycodone)					
Section I  Please attach supporting documentation for your response to each question.	Has member tried sustained-release morphine or me				
	Drug name				
	Dates of use Dose and	d frequency			
	Did member experience any of the following?				
	☐ Adverse reaction ☐ Inadequate response ☐	Other			
	Details of adverse reaction, inadequate response,				
	How is the member's response to treatment being ractivity level)?				

PA-12 (04/03) OVER

## **Medication information**

Section II	Is the member under the care	of a pain specialist?	☐ Yes ☐	No			
Please complete if the request is for Duragesic at doses > 200mcg/hour, or for	Name of specialist		Phone nu	ımber			
OxyContin at doses > 240 mg/day.	Date of last visit or consult with pain specialist						
	What is the complete pain-ma adjunctive therapy, and/or co	ntrolled substances? Ple	ease include the				
	Has the member had a psycho	ological evaluation (histor	y of substance/	∕alcohol abus	se)?		
	have a history of substar	Does the member:  have a history of substance abuse or dependence?  have a history of alcohol abuse or dependence?			□ No		
	Does the member have a trea early refill policy, consequence  Yes (attach copies)	es of non-adherence to t	reatment)?	macy and pro	escriber,		
Pharmacy information  Name	Pharmacy provider no.	Telephone no.	Faxr	00			
	Friarmacy provider no.	( )	(	)			
Address		City	State	e Zip			
Prescriber information							
Last name First nam	me MI	MassHealth provider	no. DEA r	10.			
Address		City	State	Zip			
E-mail address		Telephone no.	Fax n	0.			
		,					
Signature							
I certify that the information provided is accurate concealment of material fact may subject me to c		nowledge, and I understa	and that any fals	sification, om	ission, or		
Prescriber's signature (stamp not accepted.)				D	ate		



Commonwealth of Massachusetts

MassHealth Drug Utilization Review Program

P.O. Box 2586

Worcester, MA 01613-2586

**Fax**: 1-877-208-7428 **Phone**: 1-800-745-7318

# Nonsteroidal Anti-Inflammatory Drugs (NSAID) Prior Authorization Request

First name

☐ home

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

PA is required for Bextra, Celebrex, Vioxx, Mobic, and Arthrotec. In addition, PA is required for Ponstel (single-source brand-name NSAID) and any brand-name multiple-source NSAID that has an FDA "A"-rated generic equivalent as identified by the *Approved Drug Products with Therapeutic Equivalence Evaluations* (also called the "Orange Book"). Additional information about nonsteroidal use can be found within the MassHealth Drug List at **www.mass.gov/dma**.

MassHealth member ID #

Date of birth

Sex (Circle one.)

### **Member information**

Member's place of residence

Last name

Cox-2 Inhibitor/Arthrotec request Arthrotec (misoprostol/diclofenac) Celebrex (celecoxib) Bextra (valdecoxib)		Dose, frequency,	and duration of request	ed drug	Drug NDC (if known)
	☐ Vioxx (rofecoxib)	Is member under	60 years of age? 🔲 Ye	es 🗆 No	
Indications (Check on    Osteoarthritis    Rheumatoid arthrit	Primary dysmeno		nilial adenomatous polypo ner, specify	sis (celecoxib only	r: FDA-approved)
Is member at risk f	for a clinically significar	nt gastrointestin	al event, as defined b	y one of the fo	llowing?
Yes (Check one.)	O Previous history:	☐ Major GI bleed	☐ Perforation	Obstruction	Dates
	O Previous history of a	oeptic ulcer docum	ented by endoscopy or r	adiograph	Dates
☐ Concomitant thera	py with any of the following	(Check one.)			_
	O Aspirin O Oral cortico	steroid: dose, freq	uency,	O Warfarin: do	ose, frequency,
	and durat	on		and durati	on
☐ No. Has member tr	ied two generic NSAID prod	ucts?			
	O Yes. Complete boxes 3, (Generic NSAID produc		O No. Explain why no	rt	

nursing facility

PA-7 (Rev. 04/03) OVER

Brand-name multiple-source NS	<b>on</b> continued			
Brand-name multiple-source NS	SAID or Ponstel request Dose, fre	equency, and o	duration of requested drug D	rug NDC (if known)
Diagnosis pertinent to requested	medication			
Has member tried two generic pro Yes. Complete boxes 3A and 3E (Generic NSAID product course	B below No. Explain why not			
Generic NSAID product courses  A. Drug name		<b>B.</b> Drug	name	
Dates of generic use			f generic use	Dose and frequer
Did member experience any of th			nber experience any of the fol	_
☐ Adverse reaction ☐ Inadequate  Details of adverse reaction, ina	_		rse reaction	_
Decails of adverse reaction, ina	iucquate response, or other	Detai	is or auverse reaction, inadequ	iate response, or other
		-		
harmacy informatio	n			
ame	Pharmacy pro	ovider no.	Telephone	Fax
ddress			( ) City	State Zip
uui ess			City	State Zip
rescriber informatio	n			
	First name	MI	MassHealth provider no.	DEA#
rescriber informatio		MI	MassHealth provider no.	DEA#
ast name ddress		MI	City	State Zip
ast name ddress		MI	·	
ast name ddress		MI	City	State Zip
ast name ddress -mail address		MI	City	State Zip
ast name  ddress -mail address  ignature	First name		City Telephone	State Zip Fax
ast name  ddress -mail address  ignature  ertify that the information provi	First name	the best of	City Telephone ( )	State Zip Fax
ast name ddress -mail address	First name	the best of	City Telephone ( )	State Zip Fax
ast name  ddress  -mail address  ignature  ertify that the information provinission, or concealment of mater	First name ided is accurate and complete to rial fact may subject me to civil o	the best of	City Telephone ( )	State Zip Fax
ast name  ddress -mail address  ignature  ertify that the information provi	First name ided is accurate and complete to rial fact may subject me to civil o	the best of	City Telephone ( )	State Zip Fax ( ) stand that any falsific
ast name  ddress -mail address  ignature ertify that the information provinission, or concealment of mater Prescriber's signature (Stamp not ac	First name  ided is accurate and complete to rial fact may subject me to civil o	the best of	City Telephone ( )	State Zip Fax ( ) stand that any falsific
ast name  ddress -mail address  ignature ertify that the information provinission, or concealment of mater Prescriber's signature (Stamp not accurate the context of the co	First name  ided is accurate and complete to rial fact may subject me to civil o	the best of	City Telephone ( )	State Zip Fax ( ) stand that any falsific
ast name  ddress -mail address  ignature ertify that the information provinission, or concealment of mater Prescriber's signature (Stamp not ac	First name  ided is accurate and complete to rial fact may subject me to civil o	the best of	City Telephone ( )	State Zip Fax ( ) stand that any falsific
ddress -mail address  ignature ertify that the information provinission, or concealment of mater Prescriber's signature (Stamp not acc	First name  Ided is accurate and complete to rial fact may subject me to civil o cepted.)	the best of	City Telephone ( )	State Zip Fax ( ) stand that any falsific



**MassHealth Drug Utilization Review Program** 

P.O. Box 2586

Worcester, MA 01613-2586

First name

**Fax:** 1-877-208-7428 **Phone:** 1-800-745-7318

# **Proton Pump Inhibitor Prior Authorization Request**

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

PA is required for Aciphex, Nexium, and Prilosec. PA is required for Prevacid for members older than 16 years (except for use of Prevacid suspension for members in long-term-care facilities). Protonix does not require PA. Additional information about PPI use can be found within the MassHealth Drug List at **www.mass.gov/dma**.

MI

MassHealth member ID #

Date of birth | Sex (Circle one.)

### **Member information**

Last name

☐ Helicobacter pylori: ☐ Positive ☐ Negative ☐ Drug-induced:
Drug-induced:
Drug Induced.
☐ Treatment: List causative agent(s)
Prevention: List risk factor(s)
Other cause (specify):
☐ Non-ulcer or functional dyspepsia
Has an H <sub>2</sub> antagonist previously been tried?  ☐ Yes. State drug name, dose, frequency, and duration.
☐ No. Explain why not.
☐ Pathological hypersecretory syndromes
☐ Zollinger-Ellison syndrome
☐ MEN Type I ☐ Other

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riagilostic studies p	erformed (include dates of stud			
edication informat	ion			
<b>Imp</b> just the	<b>Portant note:</b> For maximum efficacy, a part before or with breakfast. If a second do evening meal. In general, it is not necess staglandins) for patients on PPIs. If an anti-	se is necessary, the seco ary to prescribe other ar	nd dose should be giv ntisecretory agents (l	ven just before H <sub>2</sub> antagonists
	en within 6 hours of the antisecretory ag		undeu with a FFI, the	FFI SHOULD HOL
PI requested	Dose, frequency, and duration of	PPI	Drug NDC (if known	)
·	ote: Protonix does not require prior authoriz	•	•	
	nation about the use of Protonix.	☐ No. Explain why n	not.	
Pates of use	Dose and frequency			
f member received Protonix, why	was it discontinued? (Check one.)			
Adverse reaction 🔲 Inadequa	te response 🔲 Other			
Details of adverse reaction, inac	lequate response, or other	_		
		_		
		_		
		- J		
harmacy informati	on			
lame	Pharmacy provider n	o. Telephone	Fax	
Address		City	State	Zip
wasanihan infannsati	0.10			
rescriber informati		Marattaritis and de	DEA #	
ast name	First name	MI MassHealth provide	er no. DEA #	
Address		City	State	Zip
-mail address		Telephone	Fax	
		( )	( )	
Signature				
	ovided is accurate and complete to the be		d I understand that a	ny falsification
mission, or concealment of mat	erial fact may subject me to civil or crimi	nai liadility.		
Prescriber's signature (Stamp nor	t accepted.)			Date
UR program use on	ly			
Peviewer's decision Appr	-			
Comments/reasons for pended or	deflied decision			



#### **MassHealth Drug Utilization Review Program**

P.O. Box 2586

Worcester, MA 01613-2586

First name

**Fax:** 1-877-208-7428 **Phone:** 1-800-745-7318

# **Statin Prior Authorization Request**

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

MI MassHealth member ID no

Date of hirth | Sex (Circle one )

PA is required for Advicor, Altocor, Mevacor, Pravachol, and Zocor. PA is not needed for Lescol, Lescol XL, Lipitor, or generic lovastatin. Additional information about statins can be found within the MassHealth Drug List at www.mass.gov/dma.

#### **Member information**

Last name

Last Harrie	TH SC HAITI			Wassi Tearer Trieffiser 15	110.	Date of biller	f m
Member's place of residence	home	nursing facility					
Medication informatio	n						
Statin request Advicor		Dose, frequency, and duration of requested drug  Drug NDC (if known)					
☐ Altocor ☐ Mevacor ☐ Pravachol ☐ Zocor		Indication for statin reque  Hypertriglyceridemia  Mixed dyslipidemia  Other. Specify pertinent		☐ Primary hyp ☐ Secondary p	orevent	ion of cardiovas	
Has member tried two of the followi	ng	A. Drug name					
statins: Lescol/Lescol XL, Lipitor, or generic lovastatin?  Yes. Complete boxes A and B.		Dates of use		Dose and	d frequ	ency	
□ No. Explain why not.	Did member experience any of the following?  Adverse reaction Inadequate response C Briefly describe details of adverse reaction, inadequate response, or other				☐ Other se, or other.		
		Please attach supporting doo completed FDA MedWatch fo		ation (e.g., copies of medi	cal reco	ords, office note	es, and/or
		B. Drug name					
		Dates of use		Dose and	d frequ	ency	
		Did member experience any of the following?					
	_	☐ Adverse reaction ☐ Inadequate response ☐ Other  Briefly describe details of adverse reaction, inadequate response, or other.					
		Please attach supporting doc completed FDA MedWatch fo		ation (e.g., copies of medi	cal reco	ords, office note	es, and/or

PA-9 (04/03) OVER

# **Pharmacy information**

Name	Pharmacy provider no.	Telephone no.	Fax no.	
Address		City	State	Zip

### **Prescriber information**

Last name	First name	MI MassHealth provider no.	DEA no.
Address		City	State Zip
E-mail address		Telephone no.	Fax no.

# Signature

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Prescriber's signature (Stamp not accepted.)

Date



**MassHealth Drug Utilization Review Program** 

P.O. Box 2586

Worcester, MA 01613-2586

First name

**Fax:** 1-877-208-7428 **Phone:** 1-800-745-7318

# **Tracleer (bosentan) Prior Authorization Request**

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

MassHealth member ID #

Date of birth | Sex (Circle one.)

PA is required for Tracleer. Additional information about the MassHealth Drug List can be found at **www.mass.gov/dma**.

#### **Member information**

Last name

Member's place of residence ☐ home ☐ nursing fac	ility
Medication information	
Drug NDC # (if known)	<b>6 a.</b> Is patient of childbearing potential?
1. What is the indication for bosentan?  Primary pulmonary arterial hypertension (PAH)  Secondary PAH  Connective tissue disease  Congenital heart defect  Other, specify	<ul> <li>Yes, but pregnancy excluded</li> <li>Negative pregnancy test (date) during first five days of normal mentrual period and &gt; 11 days after last unprotected sexual intercourse</li> <li>Other, explain</li> </ul>
2. What is the disease severity (functional class)?  NYHA Class I NYHA Class III NYHA Class II NYHA Class IV  3. Are there any contraindications to therapy? Yes Allergic to bosentan	□ No   ○ Male   ○ Female > 55   ○ Female < 55 □ Tubal ligation   □ Infertile   □ Not sexually active   □ Other □
<ul><li>Concurrent glyburide</li><li>Concurrent cyclosporine A</li><li>Moderate or severe liver abnormality (e.g., AST or ALT &gt; 3 x ULN)</li></ul>	6 b. Is patient on reliable contraception?  ☐ Yes ☐ No
○ Pregnancy □ No	7. Is prescribed dose within guidelines?
4. Liver aminotransferases < 3 x UNL  Yes. Indicate test tesults:  Baseline (date) Most recent (date)  ALT result  AST result	○ Initial dose 62.5 mg BID ○ Maintenence dose 125 mg BID □ No. Dose and rationale
5. On concurrent Flolan (epoprostenol) or Remodulin (treprostinil)?  Yes, which drug \Bigcup No	8. Has the adverse effect profile been explained to patient in detail, including liver and pregnancy warnings?  Yes No, explain

PA-6 (Rev. 04/03) OVER

Name		Pharmacy provider no.	Telephone (	Fax ( )
Address			City	State Zip
Prescriber inform	nation			
Last name	First name	MI	MassHealth provider no.	DEA #
Address			City	State Zip
E-mail address			Telephone (	Fax ( )
Signature				
certify that the information of the control of the				erstand that any falsificatio
Prescriber's signature (Stamp	not accepted.)			Date
DUR program use	only			
Reviewer's decision	Approved Pended	☐ Denied		
Comments/reasons for pend	ed or denied decision			



#### **MassHealth Drug Utilization Review Program**

P.O. Box 2586

Worcester, MA 01613-2586

**Fax:** 1-877-208-7428 **Phone:** 1-800-745-7318

# **Triptan Prior Authorization Request**

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

PA is required for Amerge, Frova, Imitrex tablets and nasal spray, Maxalt, Maxalt-MLT, and Relpax. PA is not needed for Axert, Imitrex injection, Zomig, or Zomig-ZMT for quantity requests less than or equal to six units per month. Additional information about triptans can be found within the MassHealth Drug List at www.mass.gov/dma.

### **Member information**

Last name	First nam	9	MI	MassHealth member	ID no.	Date of birth	Sex (Circle one.) <b>f m</b>	
Member's place of residence	☐ home	nursing facility						
Medication inforn	nation							
Triptan request  Amerge tablet	Quantity request	Dose, frequency, and dura	ation of	requested drug	Drug	NDC (if known)		
☐ Axert tablet		Indication for triptan requ	ested (0	Check one.)				
☐ Frova tablet		☐ Acute treatment of mig	raine					
☐ Imitrex injection		Frequency of migraine attacks (number/month)						
☐ Imitrex nasal spray		Is member currently on I	-	prophylaxis?				
☐ Imitrex tablet		No. Explain why not						
Maxalt tablet		Yes. Specify agent(s),	dose, an	d frequency.				
☐ Maxalt-MLT tablet								
Relpax tablet		Other. Specify pertinent	medical	history, diagnostic stud	ies, and/	or laboratory tes	ts.	
Zomig tablet								
Zomig-ZMT tablet								
		Discount to the second	1	t-ti(			CC + )	
Other:		Please attach supporting of	aocumer	tation (e.g., copies of r	nedicai re	ecords and/or of	TICE NOTES).	
Has member tried two of th triptans: Axert, Zomig, or Zo		A. Dates of Axert use Dose and frequency						
☐ Yes. Complete boxes A and	B.	Did member experience a	ny of th	e following?				
☐ No. Explain why not.		☐ Adverse reaction ☐ Inadequate response ☐ Other						
		Briefly describe details of adverse reaction, inadequate response, or other.						
		Please attach supportin and/or completed FDA			of medica	al records, office	notes,	
		<b>B.</b> Dates of Zomig or Zom	ig-ZMT ι	use Dose a	and freq	uency		
		Did member experience a	ny of th	e following?				
		☐ Adverse reaction		☐ Inadequate respon	se	□ Other		
		Briefly describe details	of adve	rse reaction, inadequat	te respoi	nse, or other.		
		Please attach supportin			of medica	al records, office	notes,	

PA-10 (Rev. 04/03) OVER

# **Pharmacy information**

Name	Pharmacy provider no.	Telephone no.	Fax no.	
Address		City	State	Zip

# **Prescriber information**

Last name	First name	MI Ma	ssHealth provider no.	DEA no.	
Address		Cit	У	State Zip	
E-mail address		Tel (	ephone no.	Fax no.	

# Signature

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification
omission, or concealment of material fact may subject me to civil or criminal liability.

Prescriber's signature (Stamp not accepted.)	Date



Commonwealth of Massachusetts

MassHealth Drug Utilization Review Program

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Worcester, MA 01613-2586

First name

**Fax:** 1-877-208-7428 **Phone:** 1-800-745-7318

### **Brand-Name Drug Prior Authorization Request**

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

MassHealth member ID #

Date of birth | Sex (Circle one.)

Prescribers must obtain PA from the Division for any brand-name multiple-source drug that has an FDA "A"-rated generic equivalent as identified by the *Approved Drug Products with Therapeutic Equivalence Evaluations* (also called the "Orange Book"). Additional information about which drugs require PA can be found within the MassHealth Drug List at **www.mass.gov/dma**.

### **Member information**

Last name

				1 1	m
Member's place of residence ☐ ho	me nursing facility				
Medication information					
Brand-name drug request	Dose, frequency, and duration of b	rand-name drug Drug N	DC (if known)		
Diagnosis pertinent to requested medication					
Has member tried a generic product?					
☐ Yes. Provide the following information.		☐ No. Explain why not.			
Drug name					
Dates of generic use	Dose and frequency				
Did member experience any of the following?					
☐ Adverse reaction ☐ Inadequate response	e 🔲 Other				
Details of adverse reaction, inadequate res	ponse, or other				
Pharmacy information					
Name	Pharmacy provider no.	Telephone (	Fax ( )		
Address		City	State	Zip	

PA-5 (Rev. 04/03)

### **Prescriber information**

Last name	First name M		MassHealth provider no.	DEA #	
Address		٦	City	State	Zip
E-mail address			Telephone ( )	Fax ( )	

•	mation provided is accurate and complete to the best of my knowle ent of material fact may subject me to civil or criminal liability.	edge, and I understand that any falsification,
Prescriber's signature	Stamp not accepted.)	Date
DUR program	use only	
Reviewer's decision	☐ Approved ☐ Pended ☐ Denied	
Comments/reasons fo	pended or denied decision	
	pended of defined decision	



#### MassHealth Drug Utilization Review Program

P.O. Box 2586

Worcester, MA 01613-2586

First name

**Fax:** 1-877-208-7428 **Phone:** 1-800-745-7318

# **Drug Prior Authorization Request**

The Division reviews requests for prior authorization (PA) on the basis of medical necessity only. If the Division approves the request, payment is still subject to all general conditions of MassHealth, including current member eligibility, other insurance, and program restrictions. The Division will notify the provider and member of its decision. Keep a copy of this form for your records. If faxing this form, please use black ink.

MI MassHealth member ID no.

Date of birth | Sex (Circle one.)

Information about which drugs require PA can be found within the MassHealth Drug List at **www.mass.gov/dma**.

### **Member information**

Last name

						f m
Member's place of residence	home	nursing facility	Height		Weight	
Medication informa	tion					
Drug name requested	Dose, fre	quency, and duration		Drug ND	C (if known) or	service code
Indication						
Goals of therapy for requested me	edication					

### Has member tried other medications to treat this condition? Drug name ☐ Yes. Provide the information to the Dates of use Dose and frequency right and attach supporting documentation (e.g. copies of Did member experience any of the following? medical records, office notes, Adverse reaction ☐ Inadequate response □ Other and/or completed FDA Medwatch form). Briefly describe details of adverse reaction, inadequate response, or other. ■ No. Explain why not. Drug name Dates of use Dose and frequency Did member experience any of the following? ☐ Adverse reaction ☐ Inadequate response ☐ Other Briefly describe details of adverse reaction, inadequate response, or other.

PA-2 (Rev. 04/03) OVER

Explain medical necessity of	requested drug.		
ist all current medications.			
Other pertinent information.			
iagnostic studie	es and/or laboratory tests per	formed (include dates a	nd results)
Prescriber inforr	nation		
Last name	First name	MassHealth provider no.	DEA no.
		City	State Zip
Address		3.17	
		Telephone no.	Fax no.
E-mail address			Fax no.
E-mail address  Signature  certify that the informati	on provided is accurate and complete to the best of material fact may subject me to civil or crimina	Telephone no. ( )  of my knowledge, and I under	( )
E-mail address  Signature  certify that the informationsission, or concealment of	of material fact may subject me to civil or crimina	Telephone no. ( )  of my knowledge, and I under	( )
omission, or concealment o	of material fact may subject me to civil or crimina o not accepted.)	Telephone no. ( )  of my knowledge, and I under	estand that any falsification
E-mail address  Signature  certify that the information on its concealment of the conceal	of material fact may subject me to civil or crimina o not accepted.)	Telephone no. ( )  of my knowledge, and I under	estand that any falsification

### 10 Tips for a Good Night's Sleep

- 1. Keep consistent bedtimes and wake times seven days a week (even after a "bad" night).
- 2. A person should only stay in bed equal to the number of hours of sleep they are achieving per night (for example, if you are getting six hours of sleep per night you should plan bedtime and wake time as six hours apart). **Many insomniacs spend far too much time in bed**, attempting to "squeeze" out a few more minutes of sleep.
- 3. If you have difficulty getting to sleep within 20 minutes, get out of bed and do something relaxing and distracting. For many people this is reading. Do not do housework, bills, work, or anything that is too stimulating within two hours of bedtime or during a nighttime awakening.
- 4. Although some people's insomnia is helped by a **nap** at midday, for most, it **will interfere with falling asleep that night**.
- 5. **Avoid alcohol** within five hours of bedtime. Alcohol is a poor hypnotic and causes nighttime awakenings.
- 6. **Avoid caffeine** (coffee, tea, soda, chocolate) after noon. Even if it doesn't prevent you from falling asleep, it can cause shallow sleep or nighttime awakenings.
- 7. Avoid going to bed on either an empty stomach or a full stomach. A light snack may be of value.
- 8. **Bedrooms should be quiet, safe, and relaxing**. Clocks should face away from the bed, so as not to "count down" the minutes until morning.
- 9. **Daily exercise** will improve insomnia, although the effects may not be immediate.
- 10. **Schedule "worry time"** earlier in the day, so as to consider the day's problems and find some resolution **before** getting into bed.

John Winkelman, MD, PhD Medical Director, Sleep Health Center Brigham and Women's Hospital Assistant Professor of Psychiatry Harvard Medical School



Commonwealth of Massachusetts Executive Office of Health and Human Services Division of Medical Assistance

This sheet is an addendum for the MassHealth Drug List booklet dated May 1, 2003. The information below clarifies the text in the Summary of the May booklet. Please substitute this information for what appears as #1 on pages i and ii of the May booklet.

### MassHealth Pharmacy Program Antidepressant Initiative

#### 1.A. The following antidepressant drugs **DO NOT** require prior authorization (PA):

amoxapine mirtazapine

bupropion Remeron Sol Tab (mirtazapine soluble tablet)

fluoxetine trazodone

fluvoxamine tricyclic antidepressants

Wellbutrin SR (bupropion sustained release) maprotiline

**MAO Inhibitors** 

#### B. The following antidepressant drugs DO require prior authorization, unless criteria C.i. and/or C.ii. below have been met:

Prozac Weekly (fluoxetine) – PA Celexa (citalopram) – PA Remeron (mirtazapine) – PA Effexor (venlafaxine) – PA Sarafem (fluoxetine) – PA Lexapro (escitalopram) – PA Serzone (nefazodone) – PA Luvox (fluvoxamine) – PA Zoloft (sertraline) – PA Paxil (paroxetine) – PA

Prozac (fluoxetine) – PA

#### C. Antidepressant drug PA modifications for stable patients, treatment failure, and therapeutic duplication:

#### i. Stable patients

No PA will be required for an antidepressant prescription (and the prescriber will not be required to submit a paper PA form) if, over the last six months, the patient has filled a prescription for a cumulative supply of at least 100 days of any antidepressant medication, except when the addition of this drug would constitute therapeutic duplication (see C. iii. below). \*

#### ii. Treatment failure

No PA is required for an antidepressant prescription (and the prescriber will not be required to submit a paper PA form) if a patient has received a consecutive 45-day treatment with either fluoxetine or fluoxamine within the past 12 months, except when the addition of this drug would constitute therapeutic duplication (see C.iii. below). \*

#### iii. Therapeutic duplication

PA is required when the patient has an overlap of 60 days or more in prescriptions for any dosage form of two or more of the following drugs:

Luvox (fluvoxamine) Celexa (citalopram) Paxil (paroxetine) Effexor (venlafaxine) Prozac (fluoxetine) fluoxetine

Prozac Weekly (fluoxetine) fluvoxamine

Sarafem (fluoxetine) Lexapro (escitalopram)

Zoloft (sertraline)

The Division encourages prescribers to use the Antidepressant Prior Authorization Request form when requesting prior authorization for any of the above antidepressants. See the Antidepressants Table for more information about selected antidepressants.

<sup>\*</sup> Note: The decision on whether PA is required is based upon information available in the MassHealth pharmacy database. The MassHealth database contains member drug utilization information exclusive to MassHealth, and no other health plans.



# PHARMACOLOGICAL TREATMENT OF DEPRESSION QUESTIONS AND ANSWERS

- 1. Question: Why is MassHealth requiring prior authorization (PA) for some antidepressants? Answer: The recently released FY 04 Massachusetts state budget requires significant cost avoidance in the MassHealth Pharmacy Program. The Division of Medical Assistance (the Division) has been working to find clinically responsible ways to save money while maintaining enrollment and benefit levels, and continuing to provide effective care to MassHealth members.
- 2. Question: How does the Division plan to accomplish these savings? Answer: In order to advise the formulation of clinically appropriate, cost-effective psychopharmacy policies, the Division convened an expert workgroup of child and adult psychopharmacologists, pharmacists, neurologists, internists, and pediatricians. In addition, representatives of stakeholder organizations, such as NAMI and the Massachusetts Behavioral Health Partnership, have been working for approximately one year to develop a strategy for managing psychiatric medications that will ensure patient access to a range of safe and effective medications while encouraging clinically sound prescribing practices. This strategy for managing the cost of treating depression includes identifying several reference drugs and putting others on PA.
- 3. Question: How will this strategy be put into operation? Answer: The tool that makes this strategy operational is the MassHealth Drug List (the List). The List, implemented in August of 2002, is one of the vehicles by which the Pharmacy Program manages dramatically rising pharmaceutical costs. The List, which can be found on the Division's Web site at <a href="https://www.mass.gov/dma">www.mass.gov/dma</a>, is an alphabetical list of commonly prescribed drugs and therapeutic class tables. These tables provide a view of drugs within their respective therapeutic classes, along with any PA requirements and clinical information. The List will eventually include all therapeutic classes related to the treatment of medical disorders. The Division's PA policies regarding certain antidepressants will become effective on the List May 1, 2003.
- 4. **Question**: What are the medications for treating depression that do not require PA? **Answer**: The following antidepressants **do not require PA**:

amoxapine bupropion fluoxetine fluvoxamine MAOIs maprotiline mirtazapine trazodone tricyclic antidepressants Wellbutrin SR (bupropion sustained release) Remeron Sol Tab

5. Question: What are the medications for treating depression that do require PA?

Answer: The following antidepressants DO require PA effective 5/1/03:

Celexa (citalopram)

Effexor (venlafaxine)

Lexapro (escitalopram)

Luvox (fluvoxamine)

Paxil (paroxetine)

Prozac (fluoxetine)

Prozac Weekly (fluoxetine)

Sarafem (fluoxetine)

Serzone (nefazodone)

Zoloft (sertraline)

6. **Question**: What is the Division's policy about duplicative treatment with antidepressants?

**Answer:** As the Division stated in its earlier letters to prescribers, there is minimal scientific evidence to support the practice of the extended simultaneous prescribing (60 days or greater) of two SSRIs for the same person. In addition, there is no scientific evidence that prescribing Effexor and an SSRI simultaneously improves clinical outcomes. In both of these cases, prescribers must request PA for this duplicative therapy in order for MassHealth to pay for the medication.

- 7. Question: Is fluoxetine safe for elderly patients given its long half-life? Answer: Yes, fluoxetine has been shown to be safe and effective in managing depression in the elderly. A lower initial dose (5mg) or a longer dosing interval is recommended because elderly patients are more sensitive to medications, and fluoxetine has a long half-life. Shorter acting medications are not necessarily safer for elderly patients than longer acting medications.
- 8. Question: Reference drugs for the MassHealth Drug List include generics when clinically appropriate. Why is the brand-name drug Wellbutrin SR (bupropion sustained release) included on the list without PA?

  Answer: An expert panel recommended that bupropion be available on the List as another treatment option for the management of depression. Bupropion is available generically in an immediate release tablet, but not in the sustained release formulation. The sustained release formulation (Wellbutrin SR) produces less lowering of the seizure threshold than the immediate release product; therefore the sustained release formulation does not require PA.
- 9. **Question:** Will patients who are clinically stable on a medication that requires PA be required to change medications?

**Answer**: We will not ask prescribers to change the medication regimen for patients who are clinically stable. The Division will generally consider a patient as clinically stable if, over the last six months, the patient has

filled a prescription for a cumulative supply of at least one hundred days of any antidepressant medication. If these criteria are met, the computer system will automatically override the PA requirement and permit the prescription to be filled, except for a duplicative antidepressant treatment (See 6). The Division suggests that prescribers reassure their patients who are stable on a particular regimen that they will be able to stay on that regimen.

- 10. Question: Will MassHealth pay for remaining refills on a prescription written before any PA requirement went into effect?
  Answer: MassHealth will pay for any remaining refills, up to 6 months or 5 monthly refills (whichever comes first), on an otherwise valid prescription that was written before a PA requirement for the drug went into effect. However, at the end of the six-month or five-refill period, the physician must request PA for any medication other than those antidepressants that are reference drugs, unless the patient is stable (see 9. above).
- 11. Question: What is the recommended strategy for a particular patient who does not respond to any of the reference drugs? Answer: For a patient with an inadequate response to any reference drug after a minimum of four weeks, raise the dose by increments, not generally to exceed the maximum recommended dose. Recommend other therapeutic modalities to the patient to help manage symptoms until the patient is stabilized. For example, consider referral to individual or group psychotherapy, to vocational rehab or day treatment, or, if the patient meets hospital level of care criteria, to an inpatient treatment setting. Information about sleep hygiene on the Pharmacy Web page may be helpful. If there is no further improvement in another 2-4 weeks, switch the patient to another antidepressant, following appropriate clinical procedures. No prior approval will be required, as long as the patient has received a consecutive forty-five-day treatment with either fluoxetine or fluvoxamine within the past twelve months, except for a duplicative antidepressant treatment (See 6. above).
- 12. **Question:** What if a patient has only a partial response to any of the reference drugs?
  - **Answer:** It is generally recommended that patients started on a reference drug (fluoxetine or fluvoxamine) be continued on that drug for a minimum of forty-five days. However, if a patient's response has clearly plateaued at an inadequate level or diminished after 45 days, the prescriber can switch to another antidepressant without requesting PA. Prescribers must request PA for a different medication if it is not on the reference list, unless the patient has received a consecutive forty-five-day treatment with either fluoxetine or fluvoxamine within the past twelve months. Note that PA must be requested for duplicative antidepressant treatment (See 6. above).
- 13. **Question**: I am not familiar with the PA process. How do I find out about the process for requesting PA?

**Answer:** Go to the Division's website located at <a href="www.mass.gov/dma">www.mass.gov/dma</a>. Click on "Pharmacy" to go to the main pharmacy page, and then click on "PA Forms and Instructions." You will discover that a specific PA form has been created for antidepressant drugs.

**Question**: What is the turnaround time for getting a response to a PA request from the MassHealth DUR program?

**Answer:** The DUR program is required to render a response within 24 business hours of the receipt of the PA request.

14. Question: Whom can I contact if I have other questions? Answer: For questions about a specific PA request, please call the DUR program at 1-800-745-7318. For concerns about the PA program for pharmacy please write to:

> Annette Hanson MD, MBA, Medical Director Office of Clinical Affairs Division of Medical Assistance 600 Washington Street Boston, MA 02111



The MassHealth Drug List is updated monthly, as needed. Check our Web site for the most up-to-date information.

www.mass.gov/dma/providers

Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance